

CERTIFICATE OF BIRTH

File No. For State Registrar Only

STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

FILE No.—For State Registrar Only

19999-A

1. PLACE OF BIRTH

County of Richland
Township of Columbia
or
Inc. Town of _____
or
City of _____

Registration District No. 38-B Registered No. _____
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Fannie Ruth Thompson

If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL <u>Girl</u>	4. Twin or Triplet? _____	5. Number in order of birth _____	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>June 2</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

FATHER
8. FULL NAME Lester P. Thompson
9. PRESENT OFFICE OF FATHER Columbia, S.C.
10. COLOR OR RACE white
11. AGE AT LAST BIRTHDAY 26 (Years)

MOTHER
14. NAME BEFORE MARRIAGE Ada Estell Evans
15. PRESENT OFFICE OF MOTHER Columbia, S.C.
16. COLOR OR RACE white
17. AGE AT LAST BIRTHDAY 24 (Years)

12. BIRTHPLACE Ga.

18. BIRTHPLACE S. C.

13. OCCUPATION state loan fixer

19. OCCUPATION domestic

20. Number of children born to mother, including present birth { 3

21. Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 11:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

Father Lester P. Thompson

24. State whether Physician or Midwife 25. Address of Physician or Midwife

(Mrs. Byers dead) midwife

Name added from a supplemental report

26. Witness B. P. McKee
(Signature of Witness necessary only when question 23 is signed by mark)

27. Filed Aug 29 1935 28. L. Williams Local Registrar.

Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.