

(1) PLACE OF BIRTH
County of Fairfield
Township of # 1
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
85461

Registration District No. 1900 Registered No. 83
(For use of Local Registrar)
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 Sylveta Thompson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 17 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Charlie Thompson
(9) PRESENT POSTOFFICE OF FATHER Reeds S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Fairfield Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Bell Crosby
(15) PRESENT POSTOFFICE OF MOTHER Reeds S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Fairfield Co
(19) OCCUPATION Home wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.,
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)
(23) (Signature) Charles A. Crosby, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Reeds S.C.

Given name added from a supplemental report
See Affidavit
4/3/45 G.A.R. Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 18 1916 (28) H. G. Colvin Local Registrar

*When 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.
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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.