

(1) PLACE OF BIRTH  
County of Fairfield  
Township of #1  
or  
Inc. Town of  
or  
City of  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**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)

(2) Full Name of Child Sylvester 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 17 196  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Charles 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 Beel 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.,  
(Born alive or stillborn) Hour A. M. or P. M.)  
on the date above stated. Charles A. Crosby, M.D.

(23) (Signature) Charles A. Crosby, M.D. (25) Address of Physician or Midwife  
(24) State whether Physician or Midwife Physician Reeds S.C.

Given name added from a supplemental report

See Affidavit  
4/3/45  
E. 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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THIS IS A PERMANENT RECORD.  
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.