

(1) PLACE OF BIRTH

County of Greenville

Township of Paris Mountain

OR
Inc. Town of
or

City of (No. St. Ward)
(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
64602

Registration District No. 2214 Registered No. 18
(For use of Local Registrar)

(2) Full Name of Child Ida Louise 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 <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 18 1916</u> <small>(Name of Month) (Day) (Year)</small>
---------------------------------	----------------------	---	--	---

FATHER.

(8) FULL NAME John Herman Thompson

(9) PRESENT POSTOFFICE OF FATHER
R.F.D #1 Travellers Rest, S.C.

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Greenville Co. S.C.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Harrietta Holloway

(15) PRESENT POSTOFFICE OF MOTHER Same

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 17
(Years)

(18) BIRTHPLACE Greenville Co. S.C.

(19) OCCUPATION At Home

(21) Number of children of this mother now living, including present birth { 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Albert B. Nestor
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Travellers Rest, S.C.

Given name added from a supplemental report

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

(27) Filed July 4, 1916 (28) John B. Nestor
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.

Registrar _____ Local Registrar _____

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

McGraw-Hill, Inc. 1916. VITAL STATISTICS. STATE BOARD OF HEALTH. FORM NO. 1. THIS OTHER, NO. 2, FOR QUESTION 2. N. B.—In case of TWINS OR TRIPLETS, make a SEPARATE REPORT for each child, and mark the child's sex in question 3.