

Form No. 1

(1) PLACE OF BIRTH

County of *Newberry*

Township of *.....*

Inc. Town of *.....*

City of *.....*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4306

Registration District No. *2701*

Registered No. *19*

(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

Ellen Thompson

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

3) BOY OR GIRL *Girl*

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married *Yes*

(7) DATE OF BIRTH *Feb 1 1923*
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME

Albert Thompson

9) PRESENT POSTOFFICE OF FATHER

Kilgo St

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

51

(12) BIRTHPLACE

Al

(13) OCCUPATION

Farmer

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

8

MOTHER

(14) NAME BEFORE MARRIAGE

Minnie Thompson

(15) PRESENT POSTOFFICE OF MOTHER

Kilgo St

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

42

(18) BIRTHPLACE

Al

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7 A. M.* on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Minnie Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Feb 2 1923

(28)

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE CERTIFICATE FOR EACH FIRST-BORN. No. 1. THE OTHER No. 2, etc. In question 8

Revised by Columbia, Columbia, S. C.