

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Campobello*

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

87449

Registration District No. *4001-a*

Registered No. *131*

(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 *Ambros Thompson*

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

(3) BOY OR GIRL? *boy*

(4) Twin or Triplet? *2*

(5) Number in order of birth *2*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Nov 7 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Thompson

(9) PRESENT POSTOFFICE OF FATHER

Campobello

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

45
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Foster

(15) PRESENT POSTOFFICE OF MOTHER

Campobello

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

39
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *4:15 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Thomas G. Marshall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys Campobello

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness

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

(27) Filed

Nov 8 1911

(28)

A. L. Massey
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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FORM NO. 6 MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. McCaw, of Columbia.