

(1) PLACE OF BIRTH

County of FairfieldTownship of 23

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

3778

Registration District No. Registered No. 24

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Riley Thompson

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

1) BOY OR GIRL? <u>boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Feb 4 1931</u>
(Name of Month) (Day) (Year)				

FATHER.

8) FULL NAME Henry Thompson9) PRESENT POSTOFFICE OF FATHER Winnboro SC10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 2412) BIRTHPLACE Fairfield Co.13) OCCUPATION ...

MOTHER.

14) NAME BEFORE MARRIAGE Bessie Davis15) PRESENT POSTOFFICE OF MOTHER Winnboro SC16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 1918) BIRTHPLACE Fairfield Co19) OCCUPATION Housewife20) Number of children born to mother, including present birth 221) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline Sanders(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Winnboro SC

When name added from a supplemental report

(26) Witness T. T. McRae (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Mar 10 1931 (28) O. H. Haynes

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child branches open early, it must not be reported as stillborn. No report is desired of children born before the fifth month of pregnancy.