

(1) PLACE OF BIRTH

County of LanternTownship of Aialeor
Inc. Town of

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

90604

Registration District No. 2901 Registered No. 149
(For use of Local Registrar)2) Full Name of Child Farrow Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 18, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

3) FULL NAME Willie Thomason4) PRESENT POSTOFFICE OF FATHER Gray Court, S.C.5) COLOR OR RACE Black 6) AGE AT LAST BIRTHDAY 21 (Years)7) BIRTHPLACE Lantern Co., S.C.8) OCCUPATION Farmer9) Number of children born to mother, including present birth 3

MOTHER.

10) NAME BEFORE MARRIAGE Benla Putnam11) PRESENT POSTOFFICE OF MOTHER Gray Court S.C.12) COLOR OR RACE Black 13) AGE AT LAST BIRTHDAY 23 (Years)14) BIRTHPLACE Lantern Co., S.C.15) OCCUPATION Housewife16) 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 Alive at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) J. W. Benson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Gray Court S.C.(26) Witness J. W. Benson, M.D.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 21, 1916 (28) J. W. Benson, M.D. Local Registrar

Given name added from a supplemental report

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.

