

Form No 1.

(1) PLACE OF BIRTH

County of Chester
 Township of Blackstock
 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
88961

Registration District No. 1101 Registered No. 78
 (For use of Local Registrar)
 City of (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 Mary Lily Thompson { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL girl (4) Twin or triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 6, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Thompson
 (9) PRESENT POSTOFFICE OF FATHER Chester S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Chester County S.C.
 (13) OCCUPATION Farm Hand
 (20) Number of children born to mother, including present birth { one

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Dennis
 (15) PRESENT POSTOFFICE OF MOTHER Chester S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Chester County S.C.
 (19) OCCUPATION Farm Hand
 (21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Isabelle Miller
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Cornwell S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/13

1916

(28)

L. L. Bassells 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.

MARGIN RESERVED FOR BINDING.

WHITE 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.

Gov. of Columbia