

(1) PLACE OF BIRTH

County of Atthville

Township of

OR
Inc. Town of One WestOR
City of

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

(2) Full Name of Child. Allen Lee 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	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 30</u> <u>1916</u>
<small>To be answered only in case of twins or triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Killian Thompson(9) PRESENT POSTOFFICE OF FATHER One West(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Abb. Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Morrow(15) PRESENT POSTOFFICE OF MOTHER One West S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Abb. Co.(19) OCCUPATION Free Labor(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 B. alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa M. Martin(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife One West S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 7 1916 (28) J. T. Cribble, Jr. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCaw, of Columbia.

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45126