

## (1) PLACE OF BIRTH

County of FairfieldTownship of 2nd

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

64212

Registration District No. 1901Registered No. 51

(For use of Local Registrar)

## (2) Full Name of Child

Abraham Thompson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 13 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Maurice d Thompson

(9) PRESENT POSTOFFICE OF FATHER

Blackstock S.C.(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY

32 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Aussie Heaster

(15) PRESENT POSTOFFICE OF MOTHER

Blackstock S.C.(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY

35 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Home Maker

(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 born alive at 11 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sylvia Parrot

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Blackstock 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 June 13 1916(28) J. H. C. B. Laine

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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. 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.