

## (1) PLACE OF BIRTH

County of FairfieldTownship of 2ndor  
Inc. Town of .....or  
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. 1901 Registered 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? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u> <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 13</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Maurice 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 House(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) Lydia 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) J. W. Blaine (Sub)(27) Filed June 13 1916 (28) J. W. Blaine 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.

WRITHE 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.