

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Lower

or

Inc. Town of

or

City of William

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

(2) Full Name of Child Wm. Thompson

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 6 1922
(Name of Month) (Day) (Year)(8) FATHER
(9) FULL NAME Simon Thompson(10) PRESENT POSTOFFICE OF FATHER Congaree(11) COLOR OR RACE negro (12) AGE AT LAST BIRTHDAY 8 (Years)(13) BIRTHPLACE S.C.(14) OCCUPATION Farmer(15) Number of children bor. to mother, including present birth 16(16) MOTHER
(17) NAME BEFORE MARRIAGE Sweet Larkins(18) PRESENT POSTOFFICE OF MOTHER Congaree(19) COLOR OR RACE negro (20) AGE AT LAST BIRTHDAY ? (Years)(21) BIRTHPLACE S.C.(22) OCCUPATION Housewife(23) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive at 120 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) Sarah Salmon(26) State whether Physician or Midwife Midwife (27) Address of Physician or Midwife Congaree S.C.

Given name added from a supplemental report

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

(29) Filed Sept 17 1922 (30) J. H. Farmer 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31998

Registration District No. 3800 Registered No. 208
(For use of Local Registrar)

St.; Ward)