

(1) PLACE OF BIRTH

County of YorkTownship of Hull Creekor
Inc. Town ofor
City of(No. St.: Ward)
(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

45037

(2) Full Name of Child Martha Elizabeth Thompson

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

(3) BOY OR
GIRL? girl(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? yes(7) DATE OF Dec. 17 1914
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Samuel Thompson(9) PRESENT
POSTOFFICE
OF FATHER Hull Creek S.C.(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 37
(Years)(12) BIRTHPLACE Hull Creek S.C.(13) OCCUPATION Farming(20) Number of children born to
mother, including present birth 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Eliza Thompson(15) PRESENT
POSTOFFICE
OF MOTHER Hull Creek S.C.(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 37
(Years)(18) BIRTHPLACE Hull Creek S.C.(19) OCCUPATION Home keeping(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 at 4 4 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Handwritten

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

....., 191.....

Registrar

(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec. 17 1914 (28) 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.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.