

Form No. 1
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.
BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Marion
Township of
or
Inc. Town of
or
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
35496

Registration District No. 30A Registered No. 90
(For use of Local Registrar)

(2) Full Name of Child Christena 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 27, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME George Thompson
(9) PRESENT POSTOFFICE OF FATHER Marion
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE Dillon Co. S.C.
(13) OCCUPATION public work
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Nona Hicks
(15) PRESENT POSTOFFICE OF MOTHER Marion
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE Marion
(19) OCCUPATION house wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Ella Wise
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Marion S.C.
Given name added from a supplemental report Christena Hicks
(26) Witness Christena Hicks
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 31, 1922 (28) Eva Montgomery
Registrar 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.