

16 093413

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only

00101

1. PLACE OF BIRTH

County of ClarendonTownship of Manningor
Inc. Town of _____or
City of ManningRegistration District No. 13-a Registered No. _____
(For use of Local Registrar)(No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)2. FULL NAME OF CHILD Thomas Lawrence Thigpen

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

3. Boy or girl boy If Plural births _____ 4. Twins, triplets or other _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth July 31, 1916
5. Number, in order of birth _____ Full term _____ Married? Yes (Month, day, year)9. Full name FATHER
Tom J. Thigpen18. Name before marriage MOTHER
Bessie Gaymon10. Residence (mailing address) (If non-resident, give place and State) Manning, S.C.19. Residence (mailing address) (If non-resident, give place and State) Manning, S.C.11. Color or race White Age at child's birth 29 (years)20. Color or race White 21. Age at child's birth 30 (years)13. Birthplace (city or place) (State or country) Sumter County
S. C.22. Birthplace (city or place) (State or country) Manning, S. C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. contractor23. Trade, profession, or particular kind of work done, at house-keeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____

25. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____, 10 _____

26. Total time (years) spent in this work _____, 10 _____

27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____28. If Stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ } Before labor _____ }
_____ } During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 11 a M. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Tom J. Thigpen Parent
mother GuardianGiven name added from _____
a supplementary report _____ (Date of) _____Address Manning, S. C.Filed Nov. 14, 1916 R. E. Wells

Registrar.

Registrar
Martin B. Woodward, M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

10-30-44