

## (1) PLACE OF BIRTH

County of RichmondTownship of Richmondor  
Inc. Town of Richmondor  
City of Richmond(No. 314 ..... St. 3 ..... Ward 3)  
(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

3100

Registration District No. 314 ..... Registered No. 3 .....

(For use of Local Registrar)

(2) Full Name of Child P. T. Thompson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1  
To be answered only in case of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH 1-21-22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. T. Thompson(9) PRESENT POSTOFFICE OF FATHER Richmond(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE Richmond(13) OCCUPATION Teacher

## MOTHER.

(14) NAME BEFORE MARRIAGE W. T. Thompson(15) PRESENT POSTOFFICE OF MOTHER Richmond(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Richmond(19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1(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 born alive or stillborn at 3 ..... M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. T. Thompson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

(26) Witness W. T. Thompson

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

(27) Filed March 1, 1922 (28) J. B. Martin 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.

(29) W. T. Thompson (30) W. T. Thompson (31) W. T. Thompson Local Registrar

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MARGIN RESERVE FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE PRINT-CHILD, No. 1, 2, 3, etc., in question 5.

Bureau of Columbia, Columbia, S. C.