

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—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)

1. PLACE OF BIRTH
 County of Chesterfield Co.
 Township of
 or
 Inc. Town of McBee, S.C. Rt. 1 Registration District No. Registered No.
 or
 City of (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 Susie Katherine Thompson If child is not yet named, make supplemental report as directed.

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only
16 093389

3. Boy or Girl <u>Girl</u>	If Plural Births	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>April 10</u> , 19 <u>16</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>Robert Fulton Thompson</u>		5. Number, in order of birth.....	Full term..... <u>X</u>	18. Name before marriage <u>MOTHER</u> <u>Cora Lee Johnson</u>	
10. Residence (mailing address) <u>McBee, S.C. R.F.D. 1</u> (If non-resident, give place and State)			19. Residence (mailing address) <u>McBee, S.C. R.F.D. 1</u> (If non-resident, give place and State)		
11. Color or race <u>White</u>	2. Age at last birthday <u>31</u> (Years)	20. Color or race <u>white</u>		21. Age at last birthday <u>21</u> (Years)	
13. Birthplace (city or place) <u>Chesterfield, S.C.</u> (State or country)			22. Birthplace (city or place) <u>Kershaw, S.C.</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Saleslady</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>J.C. Penny Co.</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Byren Ornaization</u>		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work <u>5</u>	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work <u>4</u>		19.....	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead..... (c) Stillborn.....					
28. If stillborn, period of gestation.....		months	29. Cause of stillbirth.....	Before labor..... During labor.....	
weeks					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive.....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) Cora Lee Thompson, (parent), ~~MBX~~
 or..... Midwife.
 Address
 Filed July 13, 1943 L.A. Riser, M.D.
 Registrar..... Registrar.

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