

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

or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____ 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 Susie Katherine Thompson

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

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)
5. Number, in order of birth.....		Full term. <u>X</u>			

9. Full
name
FATHER
Robert Fulton Thompson

18. Name before
marriage
MOTHER
Cora Lee Johnson

10. Residence (mailing address) McBee, S.C. R.F.D. 1
(If non-resident, give place and State)

19. Residence (mailing address) McBee, S.C. R.F.D. 1
(If non-resident, give place and State)

11. Color or race White

12. Age at last birthday 31 (Years)

20. Color or race white

21. Age at last birthday 21 (Years)

13. Birthplace (city or place) Chesterfield, S.C.
(State or country)

22. Birthplace (city or place) Kershaw, S.C.
(State or country)

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Carpenter

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Saleslady

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

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

16. Date (month and year) last
engaged in this work
....., 19.....

17. Total time (years)
spent in this work 4

25. Date (month and year) last
engaged in this work
....., 19.....

26. Total time (years)
spent in this work 5

27. Number of children of this mother
(At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, months weeks
period of gestation..... 29. Cause of stillbirth.....
Before labor.....
During labor.....

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), ~~xxx~~

Given name added from
a supplementary report.....
(Date of).....

or..... Midwife.

Address

Filed July 13, 1943 L.A. Riser, M.D.

Registrar.

Registrar.

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