

## (1) PLACE OF BIRTH

County of Sumner

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Allendale

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 500Registered No. 10

(For use of Local Registrar)

## (2) Full Name of Child

Clara Thompson

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Father Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb. 24, 1914</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Thos Thompson</u>			(14) NAME BEFORE MARRIAGE <u>Indenna Miller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Allendale SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Allendale SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Tom Lobner</u>		(19) OCCUPATION <u>Farm Tobacco</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Haver(24) State whether Physician or Midwife Midwife Allendale SC

Given name added from a supplemental report

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

(27) Filed Feb 27, 1914 (28) F. H. Boyd, Jr. 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.

WHEN FATHER, WITH UNLAWFUL SEX—THIS IS A PERMANENT RECORD.  
 S. R.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.  
 McCaw, of Columbia.