

Form No. 1

(1) PLACE OF BIRTH

County of GeorgetownTownship of 7thInc. Town of Andrews S.C.City of Georgetown

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34515

Registration District No. 2103 Registered No. 128
(For use of Local Registrar)(No. St. Ward Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Anna Eliza Thompson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Female (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 9 22
(Name of Month) (Day) (Year)

FATHER				MOTHER			
(8) FULL NAME	<u>Alex Thompson</u>	(14) NAME BEFORE MARRIAGE	<u>Elizabeth Johnson</u>				
(9) PRESENT POSTOFFICE OF FATHER	<u>Andrews S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Andrews S.C.</u>				
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>				
(11) AGE AT LAST BIRTHDAY	<u>25</u>	(17) AGE AT LAST BIRTHDAY	<u>24</u>				
(12) BIRTHPLACE	<u>Georgetown County S.C.</u>	(18) BIRTHPLACE	<u>Georgetown County S.C.</u>				
(13) OCCUPATION	<u>Farmhand</u>	(19) OCCUPATION	<u>Farmhand</u>				
(20) Number of children born to mother, including present birth	<u>8</u>	(21) Number of children of this mother now living, including present birth	<u>8</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:24 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Small Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Andrews S.C.

Given name added from a supplemental report

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

(27) Filed Oct 20 1922 (28) Rev. Bailey 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.

WRITE 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.