

FORM NO. 6
WHILE PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY RECORD.
N. B.—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.
McGraw-Hill of Columbia

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(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. 80558 For State Registrar Only

Registration District No. 9A

Registered No. 1158
(For use of Local Registrar)

(2) Full Name of Child Sarah B. Thompson

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

(3) ~~BOY~~ OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct. 14
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Thompson

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Beaufort S.C.

(13) OCCUPATION Helper at Mary yard

(20) Number of children born to mother, including present birth One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE Epsy Gardner

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Sumter County

(19) OCCUPATION Housewife

(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 alive at 4:10 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah A. Jones midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
10 E. Street

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/17/27 1916 (28) J. M. Green
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.