

## (1) PLACE OF BIRTH

County of *Spencer*Township of *Cherokee*

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2499

Registration District No. .... Registered No. *9* ....  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child *Willie Thompson*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*Jan 26 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Will Thompson*(9) PRESENT POSTOFFICE OF FATHER *Cherokee St*(10) COLOR OR RACE *colored*(11) AGE AT LAST BIRTHDAY *23*  
(Years)(12) BIRTHPLACE *SC*(13) OCCUPATION *farmer*(20) Number of children born to mother, including present birth *4*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Fula Karathe*(15) PRESENT POSTOFFICE OF MOTHER *Cherokee St*(16) COLOR OR RACE *col*(17) AGE AT LAST BIRTHDAY *24*  
(Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* *2* *P.* M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Atlanta Brown*(24) State whether Physician or Midwife *mid wife*(25) Address of Physician or Midwife *Cherokee St*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed *Feb**1922*(28) *Willie Thompson*

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.

WHITH 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. This official, No. 2, etc. in question 4.

Bureau of Census, Columbia, S. C.