

## (1) PLACE OF BIRTH

County of BambergTownship of Sumneror  
Inc. Town of

or

City of

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

(2) Full Name of Child H. K. Thompson(3) BOY OR  
GIRL Boy(4) Twin  
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTHApril 14, 1927  
(Name of Month) (Day) (Year)Registered No. 54  
(For use of Local Registrar)Registration District No. 400Sec. 1 WardIf child is not yet named, make  
supplemental report as directed

## FATHER

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to  
mother, including present birth

## MOTHER

(15) NAME BEFORE  
MARRIAGE Elizabeth Thompson(16) PRESENT  
POSTOFFICE  
OF MOTHER Bamberg, S.C.(17) COLOR  
OR  
RACE White(18) AGE AT LAST  
BIRTHDAY(Years) 20(19) BIRTHPLACE Bamberg, S.C.(20) OCCUPATION Farmer(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 Born alive at 60 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Glover(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bamberg, S.C.Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 4/22 19 27(28) John Cooper

Local Registrar

When there was no attending physician or midwife, then the father, householders, 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.