

Form 200-10

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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.

State of Columbia

McCaw

(1) PLACE OF BIRTH
County of Greenville
Township Greenville

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

File No.—For State Registrar Only
43021

Inc. Town of Registration District No. 2-20-9 Registered No.
(For use of Local Registrar)
City of (No. R.F.D. #1) St.: Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ella Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are parents married? Yes (7) DATE OF BIRTH Aug. 29, 1916
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME John Thompson

MOTHER
(14) NAME BEFORE MARRIAGE Ella Anderson

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER R.F.D. #1

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Year)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Greenville S.C.

(18) BIRTHPLACE Greenville Co. S.C.

(13) OCCUPATION I am work on

(19) OCCUPATION R.A. man's place

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated. (Born alive, or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna T. ...
(24) State whether Physician or Midwife Physician of Physician or Midwife

Given name added from a supplemental report
..... 191.....
..... Registrar

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

(27) FULL 1916 (28) 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.

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