

(1) PLACE OF BIRTH

County of Wm. BurrTownship of Johnsonor
Inc. Town of

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

87786

Registration District No. 4304 Registered No. 1517

(For use of Local Registrar)

(2) Full Name of Child Elizabeth Leanne Thompson

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Y(7) DATE OF BIRTH Oct. 18 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Tilman Thompson

(9) PRESENT POSTOFFICE OF FATHER

Excelsior

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm

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

{ 7 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Hanna

(15) PRESENT POSTOFFICE OF MOTHER

Excelsior

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

{ 6 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mrs. S. A. Adams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Excelsior

Given name added from a supplemental report

191...

Registrar

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

(27) Filed Dec. 1916 (28) L. L. Erd 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.

MARGIN RESERVED FOR BINDING. 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.

McGraw-Hill of Columbia.