

(1) PLACE OF BIRTH

County of Beaufort

Township of

or
Inc. Town ofCity of Columbia (No. 1416 Beaufort St.; Ward)
(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

19897

Registration District No. 389 Registered No. 62
(For use of Local Registrar)(2) Full Name of Child. Amanda 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

To be answered only in event of Twins or triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTH 5/15
Name of Month (Day) (Year)

FATHER.

(8) FULL
NAME A. J. Thompson(9) PRESENT
POSTOFFICE
OF FATHER Columbia, S.C.(10) COLOR
OR
RACE C (11) AGE AT LAST
BIRTHDAY 41
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Minister(14) Number of children born to
mother, including present birth 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Antonia Velasco(15) PRESENT
POSTOFFICE
OF MOTHER Columbia, S.C.(16) COLOR
OR
RACE C (17) AGE AT LAST
BIRTHDAY 40
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housekeeper(20) Number of children of this mother
now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:00 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. B. Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Columbia, S.C.Given name added from a supplement-
tal report

....., 191.....

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Registrar(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed May 16 191..... (28) 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.Report is desired of stillbirths
before the fifth month of pregnancy.

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia