

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
Township of Ironside
or
Inc. Town of
or
City of

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

File No. For State Registrar Only
50889

Registration District No. 108 Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child

Marion Hulmy Thompson
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 28</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. Whitman Thompson</u>			(14) NAME BEFORE MARRIAGE <u>Sally Louie Huck</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lawrenceville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lawrenceville S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Fork Shoal Greenville S.C.</u>			(18) BIRTHPLACE <u>Lawrenceville S.C.</u>	
(13) OCCUPATION <u>Rural Mail Carrier</u>			(19) OCCUPATION <u>Housekeeper</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.
on the date above stated. (Born alive or Stillborn) (Hour & M. or P. M.)
(23) (Signature) Jos. T. Lawrence M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 8 1916 (28) J. M. Buckabee
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.