

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston

(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
84663

Registration District No. 9A

Registered No. 1793

(For use of Local Registrar)

(2) Full Name of Child Baby 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 1

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 16

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank H. Thompson

(9) PRESENT POSTOFFICE OF FATHER Chas

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Summerville, S.C.

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie White

(15) PRESENT POSTOFFICE OF MOTHER Chas

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Ravenel, S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. or P. M.)

(23) (Signature) F. G. Cameron

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife W. D. Paper Street

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 11/22/1911

(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.

Supplementary report

(Date of)

Address

Registrar

Filed

Nov. 10/24/11

REGISTRATION DISTRICTS ARE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.