

22 049498

Standard Certificate of Birth

FILE No.—For State Registrar Only

02317

1. PLACE OF BIRTH
 County of Richland
 Township of Hopkins
 or
 Inc. Town of _____
 or
 City of _____

STATE OF SOUTH CAROLINA

Registration District No. 3803 Registered No. _____
 (For use of Local Registrar)

(No. _____ 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 Willie Mae Thompson { If child is not yet named, make supplemental report as directed.

3. Boy or Girl X If Plural births _____ 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Are Parents Married yes 8. Date of birth March 15, 1922
 (Month, day, year)

9. Full name FATHER
Dennis Henry Thompson

18. Name before marriage MOTHER
Hester Myers

10. Residence (mailing address) (If non-resident, give place and State) Hopkins S.C.

19. Residence (mailing address) (If non-resident, give place and State) Hopkins S.C.

11. Color or race Colored Age at child's birth 55 (years)

20. Color or race Colored Age at child's birth 38 (years)

13. Birthplace (city or place) (State or country) Richland County

22. Birthplace (city or place) (State or country) Richland County

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House Wife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year last) engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 14 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Dennis Thompson, Parent

Given name added from _____ a supplementary report _____ (Date of) _____

or _____, Guardian

Address Hopkins S.C.
728/41 19 1922
M. B. Woodward
 Registrar md

Registrar.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
 (See instructions on Back of Certificate)