

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)

22 049498

FILE No.—For State Registrar Only  
02317

1. PLACE OF BIRTH  
County of Richland  
Township of Hopkins  
or  
Inc. Town of \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Registration District No. 3803 Registered No. \_\_\_\_\_ (For use of Local Registrar)

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 Dennis Henry Thompson FATHER 18. Name before marriage Hester Myers MOTHER  
10. Residence (mailing address) Hopkins S.C. 19. Residence (mailing address) Hopkins S.C.  
(If non-resident, give place and State) (If non-resident, give place and State)  
11. Color or race Colored 20. Color or race Colored Age at child's birth 55 (years) 21. Age at child's birth 38 (years)  
12. Birthplace (city or place) Richland County 22. Birthplace (city or place) Richland County  
(State or country) (State or country)

OCCUPATION 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, 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  
or \_\_\_\_\_, Guardian  
Address Hopkins S.C.  
Filed 7/28/41 1922 M. B. Woodward Registrar

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_  
Registrar. \_\_\_\_\_