Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of 1

or

Inc. Town of .....

or

City of ..... (No. ..... 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

Registration District No. ..... Registered No. 52
(For use of Local Registrar)

File No.—For State Registrar Only
9336

(2) Full Name of Child Boy Thompson

If child is not yet named, make supplemental report as directed

| (3) BOY OR GIRL | (4) Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| Boy | | | Yes | March 20 1922 |

To be answered only in event of Twins or Triplets

| FATHER. | | MOTHER. | |
|---|---|---|---|
| (8) FULL NAME | Mike Thompson | (14) NAME BEFORE MARRIAGE | Lizzie Prince |
| (9) PRESENT POSTOFFICE OF FATHER | Sumter S C | (15) PRESENT POSTOFFICE OF MOTHER | Sumter S C |
| (10) COLOR OR RACE | Negro | (11) AGE AT LAST BIRTHDAY 32 (Years) | (16) COLOR OR RACE Negro | (17) AGE AT LAST BIRTHDAY 27 (Years) |
| (12) BIRTHPLACE | Sumter Co | | (18) BIRTHPLACE | Sumter Co |
| (13) OCCUPATION | Farming | | (19) OCCUPATION | Farming |
| (20) Number of children born to mother, including present birth | 9 | | (21) Number of children of this mother now living, including present birth | 7 |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Agnes Jae

(24) State whether Physician or Midwife: Mid Wife

(25) Address of Physician or Midwife: Sumter S C

Given name added from a supplemental report

..... 19....
Registrar

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

(27) Filed ..... 19.... (28) Carrie B Epps
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.

N. B.—In case of failure of either parent to sign this certificate, there must be a permanent record made of the reason therefor. Under the law, a birth certificate must be filed within ten days after birth occurs, and make a true and correct return to the questions.

PRINTED BY STATE OFFICE, No. 1, STATE OFFICE, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.