

(1) PLACE OF BIRTH

County of Morlock
 Township of Brownsville
 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

43747

Registration District No. 2202Registered No. 70
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Norman Thomas If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 9 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Thomas
 (9) PRESENT POSTOFFICE OF FATHER Brownsville
 (10) COLOR OR RACE Neg (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Morlock Co
 (13) OCCUPATION Farm Laborer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Edie Kadane
 (15) PRESENT POSTOFFICE OF MOTHER Brownsville
 (16) COLOR OR RACE Neg (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Morlock Co
 (19) OCCUPATION Farm Laborer
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Norman Thomas at 7:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Moria Randolph
 (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 Dec 16 1922 (28) W. D. Rogers 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.

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