

Form No. 1

(1) PLACE OF BIRTH

County of MustiqueTownship of Mt. Croghan

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

File No.—For State Registrar Only

41683

Registration District No. 1205Registered No. 81

(For use of Local Registrar)

(2) Full Name of Child William Thomas

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Nov 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

T. McManes

(9) PRESENT POSTOFFICE OF FATHER

July S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

39
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

minister

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Jordan

(15) PRESENT POSTOFFICE OF MOTHER

July S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House work

(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 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. P. Gaskins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys.Mt Croghan S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

Q. B. Redfern

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.