

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
17062

County of Williamsburg
Township of Johns
or
Inc. Town of
or
City of

Registration District No. 1304 Registered No. 51
(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 Baby Thomas

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 25 1922
(Specify of Month) (Day) (Year)

FATHER

(8) FULL NAME Samuel Thomas
(9) PRESENT POSTOFFICE OF FATHER Hampton P.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Louisa Bell
(15) PRESENT POSTOFFICE OF MOTHER Hampton P.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (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 Alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. S. Cook (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hampton P.C.

Given name added from a supplemental report

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

(27) Filed 25 1922 (28) H. S. Cook 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.