

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10. - For State Registrar Only

3201

County of Charleston

Township of

Inc. Town of

City of Charleston

Registration District No.

Registered No. 288
(For use of Local Registrar)

(No. 107 Smith)

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

(2) Full Name of Child Loris Emily Thomlinson

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>X</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>X</u>	(6) Age of Child <u>yes</u>	(7) DATE OF BIRTH <u>Feb-6th</u> (Month of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Thomlinson</u>	(14) NAME BEFORE MARRIAGE <u>Larman Funderhorst</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Charleston S. C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Charleston S. C.</u>
(12) COLOR OR RACE <u>negro</u>	(18) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(13) BIRTHPLACE <u>Charleston S. C.</u>	(15) BIRTHPLACE <u>Charleston S. C.</u>	(19) OCCUPATION <u>machinist</u>	(18) OCCUPATION <u>Dressmaker</u>
(20) Number of children born to father, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:55 P. M. on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Elizabeth Richardson</u>	(24) State whether Physician or Midwife <u>midwife</u>	(25) Address of Physician or Midwife <u>563 W. Rutledge Ave</u>
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Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
.....	(27) Signed <u>J. Merriam</u> 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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