

FORM NO. 2.

## (1) PLACE OF BIRTH

County of WallingburgTownship of Johnson

Inc. Town of .....

City of .....

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

(2) Full Name of Child. Phillip Dodge Thomas(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Dec 21 1915  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Philip Dodge Thomas(9) PRESENT POSTOFFICE OF FATHER Winters, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Hammingsway, S.C.(13) OCCUPATION Planter(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Janie Anna(15) PRESENT POSTOFFICE OF MOTHER Winters, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Hammingsway, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 8 (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. L. Lammingsway, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hammingsway, 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 Jan 10 1916 (28) J. L. Lammingsway 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.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No. — For State Registrar Only  
44957Registration District No. 4806 Registered No. 171  
(For use of Local Registrar)

St.: ..... Ward)

(No. ....)

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