

Form No. 1

(1) PLACE OF BIRTH

County of A. D. H. S.Township of Langley

Inc. Town of

City of near Langley

(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

5687

Registration District No. 2.1.7.2 Registered No. 3.0

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 23</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Sam Thomas(14) NAME BEFORE MARRIAGE Birtha Coalman(9) PRESENT POSTOFFICE OF FATHER Langley St(15) PRESENT POSTOFFICE OF MOTHER Langley St(10) COLOR OR RACE colard(16) COLOR OR RACE colard(11) AGE AT LAST BIRTHDAY 23(17) AGE AT LAST BIRTHDAY 24(12) BIRTHPLACE Aiken Co St(18) BIRTHPLACE Aiken Co St(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 4(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 11:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jane Thomas(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Langley St

Given name added from a supplemental report

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

(27) Filed March 23 1923 (28) L. W. Bradley 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.

THIS IS A PERMANENT RECORD. NO TWO SEPARATE BLANKS FOR EACH CHILD. AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.