

## (1) PLACE OF BIRTH

County of .....

Township of 1st. McLean

or

Inc. Town of .....

or

City of .....

(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

42432

Registration District No. 2011 Registered No. ....  
(For use of Local Registrar)City of ..... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Jesse Michael Thomas If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 16, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas(9) PRESENT POSTOFFICE OF FATHER Wren, SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 42  
(Years)(12) BIRTHPLACE Wren, SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Livie Gregg(15) PRESENT POSTOFFICE OF MOTHER Clawson, SC(16) COLOR OR RACE Color(17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE Farming(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 1.8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Carson(24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Clawson

Given name added from a supplemental report

..... 101.....

.....  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 14, 1922 (28) W. H. Warrick  
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.