

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Branchville
 Inc. Town of.....
 City of.....

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

Registration District No. 3601

No. for this registration
22066

Registered No. 45
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

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

(1) BOY OR GIRL <u>Boy</u>	(2) Type of Triple To be entered only in case of Triple or Triplets	(3) Number in order of birth	(4) Sex of Mother <u>yes</u>	(5) DATE OF BIRTH <u>July 13, 1923</u>
FATHER.			MOTHER.	
(6) FULL NAME <u>Marion Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Essie Thomas</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Branchville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Branchville S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

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) (Born A. M. or P. M.)
 on the date above stated.

(23) (Signature) Luke Summers
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cowman

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Aug 1, 1923 (27) Filed 23 (28) P. Weston L.H. 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.