

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark "T" FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lee
 Township of Bethlehem
 or
 Inc. Town of
 or
 City of

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

Registration District No. 3 Registered No. 18
 (For use of Local Registrar)

File No.—For State Registrar Only
11869

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

(2) Full Name of Child Thomson Wesley Luther If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age at birth 0 (7) DATE OF BIRTH Nov 3 1912
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James C. Private
 (9) PRESENT POSTOFFICE OF FATHER Bethlehem
 (10) COLOR OR RACE white AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Spartanburg S.C.
 (13) OCCUPATION mechanic
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Marion Reese
 (15) PRESENT POSTOFFICE OF MOTHER Bethlehem
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Thomson Ga.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. H. H. H. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bethlehem S.C.

Given name added from a supplemental report
 (26) Witness
 (27) Signed W. H. H. H. Local Registrar

(Signature of Witness necessary only when question 23 is signed by mark)
 (28) Signed W. H. H. 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.