

(1) PLACE OF BIRTH

County *Pickens*Township *Pickens*

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 *Frances Luella Thomas*No. *18846*Registered No. *77*

(For use of Local Registrar)

(3) SEX OF CHILD *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Age Parents Married *yes* (7) DATE OF BIRTH *June 16 23*

To be answered only in case of Twin or Triplet

FATHER.

(8) FULL NAME *Arthur Lawrence Thomas*(9) PRESENT POSTOFFICE OF FATHER *Pickens, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *49*(12) BIRTHPLACE *Pickens Co*(13) OCCUPATION *Textile operative*(14) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Elara Reenes*(15) PRESENT POSTOFFICE OF MOTHER *Pickens, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *38*(18) BIRTHPLACE *Pickens Co*(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 on the date above stated.

(23) (Signature) *J. H. Hally*(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Pickens, S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 22 is signed by mother)

(27) Filed *19* (28) 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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE LINE FOR EACH CHILD.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

Section of Columbia, Columbia, S. C.

540