

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort

Township of Amelia

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. — For State Registrar Only

3066

Registration District No. 506 Registered No. 6

(For use of Local Registrar)

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

(2) Full Name of Child John Thomas

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married 44 (7) DATE OF BIRTH 16 10 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Frank Thomas

(9) PRESENT POSTOFFICE OF FATHER St. Matthews

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Year)

(12) BIRTHPLACE St. Matthews

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Marian Jones

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Year)

(18) BIRTHPLACE St. Matthews

(19) OCCUPATION farmer

(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) M. H. X. 7 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

(When name added from a supplemental report)

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

(27) Date Feb 22 1923 (28) at 2

When there was no physician or midwife present, the birth must be reported by a competent person, such as a nurse, or a relative of the mother.

REASON REMOVED FROM BUSINESS. WIFE PLAINLY. IN CASE OF TWIN OR TRIPLET, SEE QUESTION 4. OTHER QUESTIONS, No. 2, etc. In question 4.