

Form No. 5.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Allendale **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of Allendale Registration District No. 4600 File No.—For State Registrar Only
40674
 or Inc. Town of Allendale Registered No. 132
 or City of Allendale (No. 4600 St.; 132 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (For use of Local Registrar)

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 16 22</u> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <u>William Joseph Thomas</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>Norma Louise Middleton</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Allendale S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Allendale S.C.</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) BIRTHPLACE <u>S.C.</u>
(17) OCCUPATION <u>Foreman Booting Works</u>		(18) OCCUPATION <u>Home maker</u>		
(19) Number of children born to mother, including present birth <u>One</u>		(20) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Womack MD
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report
 (26) Witness F. H. Boyd MD
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 19 1922 (28) F. H. Boyd MD
 Registrar 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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