

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 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of FlorenceTownship of Florenceor
Inc. Town ofCity of Florence (No. 705-Rayton)

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

(2) Full Name of Child Wm Earle Thomas { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 19, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Steven Patton Thomas

(9) PRESENT POSTOFFICE OF FATHER

Florence, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

Robertson, Alabama

(13) OCCUPATION

Carpenter

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

{ Two }

MOTHER.

(14) NAME BEFORE MARRIAGE

Ethel Earle

(15) PRESENT POSTOFFICE OF MOTHER

Florence, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Burnettsville, S.C.

(19) OCCUPATION

Housewife

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

{ Two }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 12 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. R. Myers

(24) State whether Physician or Midwife

Physician(25) Address of Physician or Midwife Florence, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug. 24, 1916

(28)

M. R. Motley, Jr.
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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72673