

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18730

Registration District No. 3111 Registered No. 20.....
(For use of Local Registrar)

(No. St. Ward)

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

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

(3) BOY OR GIRL—

(4) Twin or Triplet? +(5) Number in order of birth 10(6) Are Parents Married? Yes(7) DATE OF BIRTH June 19 23
(Month of Month) (Day) (Year)

(8) FULL NAME

John Thomas

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 40
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Leventhal

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 37
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife(20) Number of children born to mother, including present birth 11(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Roger Munch(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 4 1923(28) B. P. Givins

Local Registrar

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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 on stillbirths before the fifth month of pregnancy.