

(1) PLACE OF BIRTH

County of *Williamsburg*
 Township of *Williamsburg*
 or
 Inc. Town 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)

City of (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) SEX OF CHILD BOY GIRL
 (4) Twin or Triplet No Yes
 To be answered only in case of Twins or Triplets
 (5) Number in order of birth *10*
 (6) Are Parents Married Yes No
 (7) DATE OF BIRTH *June 23*
 (Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <i>Edm Thomas</i>	(14) NAME BEFORE MARRIAGE <i>Leutheger</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Orangeburg S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Orangeburg S.C.</i>
(10) COLOR OR RACE <i>Wegro</i>	(11) AGE AT LAST BIRTHDAY <i>40</i>	(16) COLOR OR RACE <i>Wegro</i>	(17) AGE AT LAST BIRTHDAY <i>37</i>
(12) BIRTHPLACE <i>S.C.</i>	(13) OCCUPATION <i>Farming</i>	(18) BIRTHPLACE <i>S.C.</i>	(19) OCCUPATION <i>House wife</i>
(20) Number of children born to mother, including present birth <i>11</i>	(21) Number of children of this mother now living, including present birth <i>10</i>		

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 Munk*
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
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

*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.