

(1) PLACE OF BIRTH

County of

Darlington

Township of

Hartsville

Inc. Town of

Hartsville

City of

Hartsville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15979

Registration District No. 1502

Registered No. 6

(For use of Local Registrar)

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, Francis Thomas

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

(3) BOY OR GIRL

(4) Twin or Triplet?

No

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 1, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Thomas

(9) PRESENT POSTOFFICE OF FATHER

Hartsville, SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

Hartsville, NC

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Melie Ann Parker

(15) PRESENT POSTOFFICE OF MOTHER

Hartsville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Lee County, SC

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Hartsville, SC

Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed Jan. 6, 1916

(28) A. E. Engle

Local Registrar

*When there was no attending physician or midwife, when 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.

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 8.