

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18744

Registration District No. 32A Registered No. 317

(For use of Local Registrar)

(No. 321 Oscar St.; 3rd Ward)(2) Full Name of Child Harry Thomas

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 26, 1922

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

8) FULL NAME Shirley Thomas9) PRESENT POSTOFFICE OF FATHER Greenville S.C.10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 4512) BIRTHPLACE Syria13) OCCUPATION Merchant20) Number of children born to mother, including present birth 1

MOTHER

14) NAME BEFORE MARRIAGE Marie Knocklin15) PRESENT POSTOFFICE OF MOTHER Same16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 2018) BIRTHPLACE Syria19) OCCUPATION Housewife21) 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 alive at 9:38 M., on the date above stated. (Born alive or stillborn. (Hour M. or P. M.))(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville 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 7, 1922 (28) E. Smith 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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