

(1) PLACE OF BIRTH

County of GeorgetownTownship of # 6or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2102File No. - For State Registrar
21029Registered No. 42
(For use of Local Registrar)

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

(2) Full Name of Child Robert Thomas 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) Sex Male (7) DATE OF BIRTH July 15, 1923
(8) Age at birth 1 year (9) (10) (11) (12)FATHER. (13) FULL NAME Robert Thomas Thomas (14) NAME BEFORE MARRIAGE Don Pacific Thomas
(15) PRESENT POSTOFFICE OF FATHER Archieville, S.C. (16) PRESENT POSTOFFICE OF MOTHER Archieville, S.C.
(17) COLOR OR RACE Col. (18) AGE AT LAST BIRTHDAY 37 (19) COLOR OR RACE Col. (20) AGE AT LAST BIRTHDAY 27
(21) BIRTHPLACE S.C. (22) BIRTHPLACE S.C.
(23) OCCUPATION Laborer (24) OCCUPATION housewife
(25) Number of children born to mother, including present birth 6 (26) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(27) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(28) (Signature) Rina Thomas (29) State whether Physician or Midwife Midwife (30) Address of Physician or Midwife Archieville, S.C.Given name added from a supplemental report
(31) Witness John J. Thomas (Signature of Witness necessary only when question 28 is signed by mark)
(32) Filed Aug 29, 1923 (33) John J. Thomas 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.