

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Florence, S.C.STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
3797

Township of

or

Inc. Town of

or

City of

Registration District No. 20..ARegistered No. 66.....

(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

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

(3) SEX Boy (4) Twin First (5) Number in order of birth I (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 9th 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John J. Thomas Jr.
(9) PRESENT POSTOFFICE OF FATHER Florence, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Year)
(12) BIRTHPLACE Florence, S.C.
(13) OCCUPATION Labour

MOTHER.

(14) NAME BEFORE MARRIAGE Hell Mack
(15) PRESENT POSTOFFICE OF MOTHER Florence, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Florence, S.C.
(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 PM on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Dr. P. H. Rusham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Florence, S.C.

Give name added from a supplemental report

(26) Witness

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

(27) Filed Oct. 11, 1923(28) P. H. Rusham 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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