

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 5.

N. 1

MECHANICAL, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of York
OR
Inc. Town of.....
OR
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20605

Registration District No. 4408 Registered No. 92
(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 Mary Evelyn Thomas (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH
To be answered only in case of Twins or Triplets

FATHER.
(8) FULL NAME D. Walter Thomas
(9) PRESENT POSTOFFICE OF FATHER Filbert, York Co. S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE York Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Elizabeth Parrott
(15) PRESENT POSTOFFICE OF MOTHER Filbert, York Co. S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE York Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) E. S. Bratton M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife York Co. S.C.

Given name added from a supplemental report
.....
....., 19..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 27 1922 (28) John L. Bratton 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.

REGISTRAR
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