

## (1) PLACE OF BIRTH

County of Newberry

Township of .....

or  
Inc. Town of .....or  
City of Newberry

(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  
78369Registration District No. 34-A Registered No. 88

(For use of Local Registrar)

(2) Full Name of Child Edgar A. Thomasson child is not yet named; make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 22, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Andrew E. Thomasson Jr.(9) PRESENT POSTOFFICE OF FATHER Newberry SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Saw Milling(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Madeira Scott(15) PRESENT POSTOFFICE OF MOTHER Thomasson SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Fla.(19) OCCUPATION Homewife(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 born at 6:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. House

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Newberry SC

Given name added from a supplemental report

Newberry 1917Orville 7Dupuy Registrar

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

(27) Filed Oct. 10, 1916 (28) S. S. Cunningham  
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.

MARGIN RESERVED FOR BINDING.  
WHILE 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.  
McGraw, of Columbia.