

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Lee
Township of Express
or
Inc. Town of Express
or
City of Express
(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

90700

(2) Full Name of Child

Osker J. Thomas

Registered No. 3001
(For use of Local Registrar)
St.; Express Ward)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 24, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Fannie Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Olya Lane</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Expressville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Expressville</u>	
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Expressville</u>			(18) BIRTHPLACE <u>Expressville</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housekeeper</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Expressville, S.C., on the date above stated.
(23) (Signature) Catherine J. Davis
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Expressville

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness G. P. Grant
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12-30-16 (28) M. J. Brown
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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