

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 Township of Charleston State Board of Health

File No.—For State Registrar Only

44628

Inc. Town of ..... Registration District No. 400.2 Registered No. 183  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; .... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Principia Thomas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 30  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME William C. Thomas  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION salesman in retail  
 (14) Number of children born to mother, including present birth 2

MOTHER  
 (14) NAME BEFORE MARRIAGE Patricia Thomas  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)  
 (18) BIRTHPLACE Charleston S.C.  
 (19) OCCUPATION housewife  
 (20) 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 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Charleston S.C.

Given name added from a supplemental report  
Principia 1916  
[Signature]  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 6 1916 (28) [Signature] 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.

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.  
 City of Columbia