

Form No. 1

## (1) PLACE OF BIRTH

County of CalhounTownship of Orin Groveor Stone Mountain

Inc. Town of

or

City of

(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

29141

Registration District No. 803 Registered No. 83

(For use of Local Registrar)

(2) Full Name of Child Mary Ella Thomas

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 5(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept 15 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Nelson Thomas

(9) PRESENT POSTOFFICE OF FATHER

ft mode sc

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Jane Brunson

(15) PRESENT POSTOFFICE OF MOTHER

ft mode sc

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Wife

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)(23) (Signature) Lumelia Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife ft mode sc

Given name added from a supplemental report

(26) Witness

Mrs. J. D. Stonewall  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Sept 2019 22

(28)

J. D. Stonewall  
Local Registrar

19 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.  
WHITE 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.