

(1) PLACE OF BIRTH

County of Windsor
Township of Deerfield
of
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
37900

Registration District No. 4308 Registered No. 97
(For use of Local Registrar)

(2) Full Name of Child Cary Beatrice Thomas
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH Nov. 13th 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Edgar Ernest Thomas
(9) PRESENT POSTOFFICE OF FATHER Salters Depot S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Dorchester - S.C.
(13) OCCUPATION Section Foreman on R.R.

MOTHER.
(14) NAME BEFORE MARRIAGE Lottie Rose
(15) PRESENT POSTOFFICE OF MOTHER Salters Depot S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Elko - S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(20) I hereby certify that I attended the birth of this child, who was Born alive at 2:26 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Sylvia Ann Hurrell
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Salters Depot S.C.

Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov. 20th 1923 (28) AK Moreley 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.