

Form No. 1

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of St. Helena  
 or  
 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

2975

Registration District No. 604 Registered No. 200  
 (For use of Local Registrar)

(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 Thomas Doctor

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

(3) BOY OR GIRL boy (4) Twin or Triplet? ..... (5) Number in order of birth .....  
 To be answered only in event of Twin or Triplet

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 3, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Anderson Doctor(9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Leta Brown(15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jelly Williams & Frogmore S.C.(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Nurse Kuba  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 3, 1922 (28) Local Registrar

When there was no attending physician or midwife, then the father, household, etc., should make this report. 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.