

## (1) PLACE OF BIRTH

County of Sumter, S.C.

Township of .....

or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. 1a.—For State Registrar Only  
22687Registration District No. 11.0Registered No. 11.4

(For Use of Local Registrar)

(No. Truancy Hospital ..... 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 DeLoree Thomas (If child is not yet named, make supplemental report as directed)

|                               |  |  |                              |   |
|-------------------------------|--|--|------------------------------|---|
| 3 SEX OF CHILD<br><u>Male</u> | 4 Twin or Triplet<br><u>Yes</u><br>To be answered only in event of Twin or Triplet | 5 Number in order of birth<br><u>4</u> | 6 Age of Child<br><u>Yes</u> | 7 DATE OF BIRTH<br><u>July 10, 1923</u><br>(Name of Month) (Day) (Year) |
|-------------------------------|--|--|------------------------------|---|

## FATHER.

(8) FULL NAME William DeLoree Thomas(9) PRESENT POSTOFFICE OF FATHER Cowega, S.C. R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39(12) BIRTHPLACE Lee Co. S.C.(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Miller(15) PRESENT POSTOFFICE OF MOTHER Cowega, S.C. R.F.D.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38(18) BIRTHPLACE Barwell Co. S.C.(19) OCCUPATION Domestic

|   |  |
|---|--|
| 20 Number of children born to mother, including present birth<br><u>4</u> | 21 Number of children of this mother now living, including present birth<br><u>3</u> |
|---|--|

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Archie Chrys M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Sumter S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 24, 1923 (28) D. O. Brawley 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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