

Form No. 1.

(1) PLACE OF BIRTH

County of Sanford

Township of None

or
Inc. Town of Shelton

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

48940

Registration District No. 1900 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child. Dorinda Anderson Thomas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 20</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Marion M Scott

(9) PRESENT POSTOFFICE OF FATHER Shelton

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Jonesville, SC

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Davis

(15) PRESENT POSTOFFICE OF MOTHER Shelton

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Jonesville, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 Pm on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dorinda Anderson Thomas

(24) State whether Physician or Midwife: (25) Address of Physician or Midwife: Midwife Mrs. W. M. Scott, Shelton, S.C.

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. M. Scott

(27) Filed Feb 14 1916 (28) H. G. Colvin 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.
McCaw, of Columbia.