

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43737

County of MarlboroTownship of Brownsvilleor  
Inc. Town of  
orRegistration District No. 3303Registered No. 60

(For use of Local Registrar)

City of \_\_\_\_\_ (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. Henry Thomas

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Oct 26 1912  
(Name of Month) (Day) (Year)

Take account only in case of Twin or Triplets

## FATHER.

(8) FULL NAME Lincous Thomas(9) PRESENT POSTOFFICE OF FATHER Brownsville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Farm labor(20) Number of children born to mother, including present birth { ..... 6 .....

## MOTHER

(14) NAME BEFORE MARRIAGE Sylvia Howard(15) PRESENT POSTOFFICE OF MOTHER Brownsville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Forea Sec.(19) OCCUPATION Farm labor(21) Number of children of this mother now living, including present birth { ..... 6 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at ..... 1 ..... a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. J. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191.....  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 3 1912 (28) R. D. Rogers 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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