

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Friendship  
 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

849

Registration District No. 304 Registered No. ....  
 (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 Thomas Briggs (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 9, 1922  
 (State of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Charles Briggs</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Briggs</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Silver</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Silver</u>
(10) COLOR OR RACE <u>Col</u>	(16) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Clarendon Co</u>	(18) BIRTHPLACE <u>Clarendon Co</u>	(19) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Field &amp; home work</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) "I hereby certify that I attended the birth of this child, who was born at 6:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosena Ragan (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Friendship, Clarendon Co S.C.

Given name added from a supplemental report No

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) L. E. Pickens  
 (27) Filed Jan 30, 1922 (28) 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 sixth month of pregnancy.

STATE OF SOUTH CAROLINA, Columbia, S. C.