

(1) PLACE OF BIRTH

County of *Chatham*Township of *Lenoirville*Inc. Town of *Lenoirville*

(City of

(No. St.; Ward)
(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

27691

Registration District No. *1106*Registered No. *89*

(For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL *Girl*

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept 6, 1923*

(Name, Month) (Day) (Year)

8. FULL NAME *Otha Thomas*9. PRESENT POSTOFFICE OF FATHER *Lenoirville S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *21*(12) BIRTHPLACE *York County*(13) OCCUPATION *Mill Worker*(20) Number of children born to mother, including present birth *2*(14) NAME BEFORE MARRIAGE *Maudie Bailey*(15) PRESENT POSTOFFICE OF MOTHER *Lenoirville S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *27*(18) BIRTHPLACE *Chasin County*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* *3:45 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. H. Foster*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *2 Lenoirville S.C.*

(When name added from a supplemental report)

(26) Witness

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

(27) Filed *9/11* 19 *23*

(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 fifth month of pregnancy.

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