

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

Inc. Town of

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

Registration District No. 3612 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child John Thomas

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

3. SEX GIRL	4. Twin or Triplet To be answered only in case of Twins or Triplets	5. Number in order of birth <u>2nd</u>	6. Are Parents Married <u>yes</u>	7. DATE OF BIRTH <u>5/7/23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8. FULL NAME <u>John Thomas</u>	14. NAME BEFORE MARRIAGE <u>John Thomas</u>	9. PRESENT POSTOFFICE OF FATHER <u>Charleston</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>24</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>25</u> (Years)
12. BIRTHPLACE <u>City of</u>	18. BIRTHPLACE <u>City of</u>	19. OCCUPATION <u>Farmer</u>	20. OCCUPATION <u>Farmer</u>
21. Number of children born to mother, including present birth <u>3</u>	22. Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 5:30 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) William H. Thomas(25) State whether Physician or Midwife Physician or Midwife(Given name added from a supplement-
tal report)

(26) Witness

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

(27) Filed

7/1510-23

(28)

10-23

(29)

10-23

(30)

10-23

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.