

## (1) PLACE OF BIRTH

County of SauconTownship of Essex Creek

Inc. Town of

or  
or

(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

1734

Registration District No. 1802Registrars No. 1802

(For use of Local Registrar)

(No.

St.

Ward)

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

(1) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

Is reported only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 6, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Bruce Thomas

MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Hallman

(9) PRESENT POSTOFFICE OF FATHER

Fauquier DC

(15) PRESENT POSTOFFICE OF MOTHER

Fauquier DC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

South Car

(18) BIRTHPLACE

Car

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

4

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:58 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianFauquier DC

Given name added from a supplemental report

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

1/10/22

(28)

J. Thompson

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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