

## (1) PLACE OF BIRTH

County of Richmond  
 Township of Richmond  
 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

19113

Registration District No. 2761 Registered No. 112  
 (For use of Local Registrar)

(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

Nelson Thomas

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 10 1911  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Leak Thomas

(9) PRESENT POSTOFFICE OF FATHER

Cummin

(10) COLOR OR RACE

Coc

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Ab

(13) OCCUPATION

Farmer

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

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## MOTHER.

(14) NAME BEFORE MARRIAGE

Barbara Thomas

(15) PRESENT POSTOFFICE OF MOTHER

David

(16) COLOR OR RACE

Coc

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Ab

(19) OCCUPATION

housewife

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

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 17 1911

(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.