

## (1) PLACE OF BIRTH

County of York  
 Township of Jefferson  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
**30664**

Registration District No. 4408Registered No. 110  
(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 Alexander Thomasson 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 case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 19, 1923  
 (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Alexander Thomasson(9) PRESENT POSTOFFICE OF FATHER Tyrone, S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE York Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Elna Good(15) PRESENT POSTOFFICE OF MOTHER Tyrone, S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE York Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. S. S. S.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Tyrone, S.C.

Given name added from a supplement-  
 al report

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

(27) Filed Sept 22, 1923 (28) Basie Barron  
 Local Registrar

If 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.