

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR
GIRL?

Boy

(4) Twin
or triplet?(5) Number in
order of birth

6

(6) Are
Parents
Married?

Yes

(7) DATE OF BIRTH

Feb 19 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Keel Thomason

(9) PRESENT
POSTOFFICE
OF FATHER

York # 6

(10) COLOR
OR
RACE

Black

(11) AGE AT LAST
BIRTHDAY

38

(Years)

(12) BIRTHPLACE

York Co. S.C.

(13) OCCUPATION

Farmer

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

6

MOTHER.

(15) NAME BEFORE
MARRIAGE

Maggie Crawford

(16) PRESENT
POSTOFFICE
OF MOTHER

York # 6

(17) COLOR
OR
RACE

Black

(18) AGE AT LAST
BIRTHDAY

35

(Years)

(19) BIRTHPLACE

York Co. S.C.

(20) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 9 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

State Reid

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Cloner S.C.

Given name added from a supplement-
al report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)

(27) Filed

Feb 25 1916

(28)

N.A. Registrar

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.

THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN N. NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.
 Div. of Columbia

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

File No.—For State Registrar Only
 50768

Registration District No. 4400

Registered No. 12

(For use of Local Registrar)