

PLACE OF BIRTH

County of Marlboro
 Town of Bennettsville
 or
 Town of _____
 or
 of _____

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

Registration District No. 2301

FILE No.—For State Registrar Only

45804Registered No. 33

(For use of Local Registrar)

(No. _____ St. _____)

Ward _____

Full NAME OF CHILD Gray Velma Thomas
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)
 If child is not yet named, make supplemental report as directed.

Sex or Child <u>Girl</u>	1. Plural births _____	4. Twin, triplet, or other _____	6. Premature _____	7. Are parents Full term <u>yes</u> married? <u>yes</u>	8. Date of Birth <u>Feb. 8</u> (Month, day, year) <u>1923</u>
FATHER <u>Karl Thomas</u>			MOTHER <u>Pearl Quick</u>		
10. Residence (usual place of abode) <u>Bennettsville, S.C.</u>			11. Residence (usual place of abode) <u>Bennettsville, S.C.</u>		
12. Age at last birthday <u>30</u> (Years)			13. Age at last birthday <u>29</u> (Years)		
14. Birthplace (city or place) (State or country) <u>Marlboro Co. S.C.</u>			15. Birthplace (city or place) (State or country) <u>Marlboro Co. S.C.</u>		
16. Trade, profession, or particular kind of work done, as spinner, mower, brookkeeper, etc. <u>Farmer</u>			17. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housework</u>		
18. Industry or business in which work was done, as silk mill, mummill, bank, etc. _____			19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
20. Date (month and year) last engaged in this work <u>1923</u>			21. Date (month and year) last engaged in this work <u>1923</u>		
22. Total time (years) spent in this work <u>Life</u>			23. Total time (years) spent in this work <u>9</u>		

Number of children of this mother
at time of this birth and including this child 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

Stillborn, _____
 Date of gestation _____ months _____ weeks
 24. Cause of stillbirth _____
 Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10:30 m. on the date above stated.
 (Born alive or stillborn)

When there was no attending physician
 or midwife, then the father, householder,
 or other person should make this return.

Name added from _____
 Supplemental report _____
 (Date of) _____

(Signed) _____, M. D.
 or Caroline James, Midwife

Address _____
 Filed May 8, 1933 A.L. Miller