

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Ellen

or Town of

(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 Thomas

File No.—For State Registrar Only

4816

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3605Registered No. 25
(For use of Local Registrar)

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

DATE OF BIRTH Feb 13 23
(Name of Month) (Day) (Year)

(3) Sex of Child <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>No</u>
-----------------------------	--	---	------------------------------------

FATHER.
(7) Full Name Thomas Dammick(8) Present Postoffice of Father Ellen O.C.(9) Color or Race Wgo (10) Age at Last Birthday 21 (Year)(11) Birthplace Ortg. Co. S.C.(12) Occupation Farmer(13) Number of children born to mother, including present birth oneMOTHER.
(14) Name before Marriage Lela Mae Northing(15) Present Postoffice of Mother Ellen O.C.(16) Color or Race Wgo (17) Age at Last Birthday 17 (Year)(18) Birthplace Orangeburg Co. O.C.(19) Occupation Farmer(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child who was alive at 2:30 P.M. on the date above stated. (22) (Date of birth or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah E. Jones(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ellen O.C.

Given name added from a supplemental report

(26) Witness Ellen O.C.(27) Filed Feb 23 23 (28) Local Registrar Ellen O.C.

*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.