

(1) PLACE OF BIRTH

County of AndersonTownship of Beulahor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3018

Registration District No. 3A2Registered No. 13
(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 Elmer John ThomasIf child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL? Boy(4) Twin
or Triplet? No(5) Number in
order of birth
To be answered only in event of Twins or Triplets 1(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Feb 14 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Elmer John Thomas(9) PRESENT
POSTOFFICE
OF FATHER Beulah(10) COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 28
(Years)(12) BIRTHPLACE Anderson(13) OCCUPATION
Farmer(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Hattie Lila Brunner(15) PRESENT
POSTOFFICE
OF MOTHER Beulah(16) COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 46
(Years)(18) BIRTHPLACE Beulah(19) OCCUPATION
Housewife(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 4 P.M.
on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Taylor(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife
BeulahGiven name added from a supplement-
tal report:

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) File Feb 22 19 22(28) Local Registrar
J. K. M. M.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.

before the fifth month of pregnancy.

MARGIN BEHIND FOR BINDING.

WHEN PLAIN. WITH UNFOLDING END—THIS IS A PRELIMINARY REPORT
IN CASE OF TWIN OR TRIPLETS, ONE A SEPARATE BLANK FOR EACH, AND MARK THE
CHILD'S POSITION IN THE UTERUS, NO. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

MARGIN BEHIND FOR BINDING.