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FILE No. For State Registrar Only

02402

## 1. PLACE OF BIRTH

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

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4400 Registered No. ....

(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

Wilma Wanda Thomas (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl <u>girl</u>	If Plural birth	4. Twin, triplet, or other. <u>1</u>	5. Number, in order of birth. <u>2</u>	6. Premature. ....	7. Are Parents Married? <u>yes</u>	8. Date of birth. <u>June 13</u> 19 <u>22</u> (Month, day, year)	
9. Full name <u>Will Thomas</u>				18. Full maiden name <u>Earna Jones</u>			
10. Residence (usual place of abode) (If non-resident, give place and State). <u>Clover SC</u>				19. Residence (usual place of abode) (If non-resident, give place and State). <u>Clover SC</u>			
11. Color or race <u>White</u>		12. Age at last birthday. <u>21</u> (Years)		20. Color or race <u>White</u>		21. Age at last birthday. <u>20</u> (Years)	
13. Birthplace (city or place) (State or country) <u>California</u>				22. Birthplace (city or place) (State or country) <u>California</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Log Sled</u>				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Leather Mill</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>			
16. Date (month and year) last engaged in this work <u>None</u> 19.....				17. Total time (years) spent in this work. <u>3 yrs</u>		25. Date (month and year) last engaged in this work <u>None</u> 19.....	
26. Total time (years) spent in this work. <u>3 yrs</u>		27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living. <u>2</u> (b) Born alive but now dead. <u>0</u> (c) Stillborn. <u>None</u>					
28. If stillborn, period of gestation..... months weeks		29. Cause of stillbirth.....				Before labor..... During labor.....	

Specify any physical deformities of child at birth.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:30 a.m. on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) M. B. Meil, M.D.

or ..... Midwife

Given name added from a supplemental report.....

(Date of)

Address Clover SCFiled Feb 26, 1944 Dr. M. B. Woodland

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)