

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)

1. PLACE OF BIRTH

County of York  
Township of \_\_\_\_\_  
or \_\_\_\_\_  
Inc. Town of Claver  
or \_\_\_\_\_  
City of \_\_\_\_\_

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4400

FILE No. 02402 For State Registrar Only

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

Werna Wanda Thomas

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

3. Boy or Girl <u>Girl</u>	4. Twin, triplet, or other. <u>1</u>	5. Number, in order of birth. <u>2</u>	6. Premature. <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>June 13</u> (Month, day, year) <u>1922</u>
9. Full name <u>Will Thomas</u>			18. Full maiden name <u>Erma Jones</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Claver SC</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Claver 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>	
13. Birthplace (city or place) (State or country) <u>Claver SC</u>		21. Age at last birthday <u>20</u> (Years)		22. Birthplace (city or place) (State or country) <u>Claver SC</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Leg. Clerk</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>Cotton 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____			25. 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>			26. Total time (years) spent in this work <u>4 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. Meier, M.D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report \_\_\_\_\_

(Date of)

Address Claver SC

Filed Feb 26, 1924 Dr M. B. Woodward

Registrar.

Registrar.