

(1) PLACE OF BIRTH

County of YorkTownship of York

In Town of.....

City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 2 Registered No.
 (For use of Local Registrar)(2) Full Name of Child Arthur Thomas (If child is not yet named, make supplemental report as directed)

(a) SEX OF CHILD	(b) Type of Birth	(c) Number by order of birth	(d) Date of Birth	(e) Date of Birth
Male	Normal	1	July 1, 1923	July 1, 1923

FATHER		MOTHER	
(1) FULL NAME	<u>Don't know</u>	(1) NAME BEFORE MARRIAGE	<u>Anna Thomas</u>
(2) PRESENT RESIDENCE OF FATHER		(2) PRESENT RESIDENCE OF MOTHER	<u>Blaney St</u>
(3) COLOR		(3) COLOR	<u>Negro</u>
(4) AGE AT LAST BIRTHDAY		(4) AGE AT LAST BIRTHDAY	<u>32</u>
(5) BIRTHPLACE		(5) BIRTHPLACE	<u>SC</u>
(6) OCCUPATION		(6) OCCUPATION	<u>House work</u>
(7) Number of children born to mother, including present birth		(7) Number of children of this mother now living, including present birth	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Alive at birth. (Date A. M. or P. M.)(29) (Signature) Beckie Thomas(30) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(31) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(32) Jan 21 1924

(33) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is desired or proper before the fifth month of pregnancy.