

Form No. 1

## (1) PLACE OF BIRTH

County of CherokeeTownship of Allegan

or

Inc. Town of .....

or

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 Jamie Miller Thomas

File No.—For State Registrar Only

41622

Registration District No. ....

Registered No. ....

(For use of Local Registrar)

(No. ....

St.; ....

Ward)

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 4(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 30 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wright Thomas(9) PRESENT POSTOFFICE OF FATHER McBee SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 33

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Ironing(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Hoffman(15) PRESENT POSTOFFICE OF MOTHER McBee SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE IN(19) OCCUPATION Ironing(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

19

(28)

Local Registrar.

\*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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.