

(1) PLACE OF BIRTH

County of Georgetown
 Township of W 2
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
18678

Registration District No. 2101 Registered No. 31
 (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 Esther Gertrude Thomas (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 1 to 22
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Lancel S. Thomas</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude Beedle</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Georgetown S.C.R.2</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Georgetown S.C.R.2</u>
(10) COLOR OR RACE <u>W.</u>	(12) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(18) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Sampit, S.C.</u>	(14) BIRTHPLACE <u>Sampit, S.C.</u>	(16) OCCUPATION <u>Farming</u>	(18) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(22) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Esther Gertrude Thomas at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Mary Ward (25) Address of Physician or Midwife Georgetown S.C.R.2

Given name added from a supplemental report:.....
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) June 15, 22 (27) Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.