

PLACE OF BIRTH

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

37022-A

Bureau of Vital Statistics

State Board of Health

Registration District No. 4601

Registered No.

(For use of Local Registrar)

(No. _____)

St. _____

Ward _____

FULL NAME OF CHILD

Willie Notke Thomas

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

Boy or Girl

If Plural

4. Twin, triplet, or other _____

5. Premature _____

7. Legiti _____

8. Date of birth

Nov 5, 1922

5. Number, in order of birth _____

Full term _____

mate? yes

(Month, day, year)

Full name

FATHER

Coy Thomas

18. Full maiden name

MOTHER

Jessie Harvey

Residence (usual place of abode)

If nonresident, give place and State) Fairfax, S.C.

19. Residence (usual place of abode)

(If non-resident, give place and State) Fairfax, S.C.Color or race white12. Age at last birthday 38 (Years)20. Color or race white21. Age at last birthday 26 (Years)

Birthplace (city or place)

Harroville, S.C.

22. Birthplace (city or place)

Fairfax, S.C.

(State or country)

(State or country)

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

5. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

✓

6. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work ✓

Number of children of this mother at time of this birth and including this child)

(a) Born alive and now living 1(b) Born alive but now dead None(c) Stillborn None

If stillborn,

period of gestation ✓ (months _____ weeks _____)29. Cause of stillbirth ✓Before labor ✓During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P.m. on the date above stated.

(Born alive or stillborn)

(Signed) Coy Thomas, M. D.or Father, MidwifeAddress Fairfax S.C.

Filed _____, 19 _____

(Date of)

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, or other person, should make this return.

name added from

supplemental report

STATE OF South Carolina

COUNTY OF Sumter

Personally appeared before me, J. W. Campbell,
a Notary Public of South Carolina, L. R. Thomas,

who, being duly sworn, deposes and says: That he (he or she)

is a resident of Fairfax, State of Pa.,

and is 38 years of age; that he (he or she) has known

Jessie Harvey Thomas for a period of 15 years, or more,

and knows her to be the mother of Willie Robbie Thomas, who was

born in Fairfax, Pa., on or about the 5th

day of November, 1922.

SWORN TO AND SUBSCRIBED BEFORE ME,

THIS THE 7 DAY OF Mar, 1934.

[Signature]

J. W. Campbell
NOTARY PUBLIC, S. C.

STATE OF

COUNTY OF

South Carolina

Wendell

Personally appeared before me, Wm. Campbell

a Notary Public of South Carolina, H. W. Priest;

who, being duly sworn, deposes and says: That he (he or she)

is a resident of Sauford, State of NC,

and is 28 years of age; that he (he or she) has known

Jessie Harvey Thomas for a period of 20 years, or more,

and knows her to be the mother of Willie Robbie Thomas, who was

born in Sauford, Beaufort, S.C., on or about the 5th

day of November, 1922.

SWORN TO AND SUBSCRIBED BEFORE ME,

THIS THE 7 DAY OF March, 1934. H. W. Priest

STATE OF

Wm. Campbell
NOTARY PUBLIC, S. C.

Personally appeared before me, _____

a Notary Public of South Carolina, _____

who, being duly sworn, deposes and says: That _____ (he or she)

(1) PLACE OF BIRTH

(1) PLACE OF BIRTH

County of AllendaleTownship of Lyconmoreor
Inc. Town of Darlingtonor
City of RFD

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

(2) Full Name of Child Mellie Thomas

File No.—For State Registrar Only

37048

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. Registered No. 52
(For use of Local Registrar)

(No. St.; Ward)

(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 one(6) Are Parents Married? yes(7) DATE OF BIRTH Nov 5 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Coy Thomas(9) PRESENT POSTOFFICE OF FATHER Darlington SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Hampden Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Harvey(15) PRESENT POSTOFFICE OF MOTHER Darlington SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Allendale SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:19 PM,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. E. George

(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 Nov 15 1922

(28)

J. C. Maynor
Local RegistrarWhen 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.