

(1) PLACE OF BIRTH
~~PICKENS~~
 County of Oconee
 Township of Seneca

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

File No.—For State Registrar Only

49988

Inc. Town of Registration District No. 35A Registered No. 2
 (For use of Local Registrar)
 City of Clemson College, S. C. 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 William Albert Thomas } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? YES (7) DATE OF BIRTH Feb. 10, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. A. Thomas
 (9) PRESENT POSTOFFICE OF FATHER Clemson College, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)

(12) BIRTHPLACE Mariboro Co., S. C.

(13) OCCUPATION ENTOMOLOGIST

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE May Edens

(15) PRESENT POSTOFFICE OF MOTHER Clemson College, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) BIRTHPLACE Mariboro, Co., S. C.

(19) OCCUPATION House-wife

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert H. Day

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Pendleton, S. C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed 2-12-16 (28) W. H. Day 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McCaw, of Columbia.