

Form No. 1

(1) PLACE OF BIRTH

County of FlorenceTownship of McMillanInc. Town of
or

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 SOUTHERN CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
55862Registration District No. 2011 Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child Melina 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 4 9 16
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Thomas(9) PRESENT POSTOFFICE OF FATHER Florence(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Bertie Danner(15) PRESENT POSTOFFICE OF MOTHER Florence R.F.D.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Dom(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Florence R.F.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Florence R.F.D.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 22 is signed)

(27) Signed (28) Special 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.

McCauley of Columbia