

## (1) PLACE OF BIRTH

County of Richmond

Township of .....

or  
Inc. Town of .....City of Columbia

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5037

Registration District No. 382Registered No. 119

(For use of Local Registrar)

(2) Full Name of Child Robert James Thies

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Parents married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 21 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Robert John Thies(9) PRESENT POSTOFFICE OF FATHER Columbia SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE N.Y.(13) OCCUPATION Free mason(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Talbot(15) PRESENT POSTOFFICE OF MOTHER Columbia SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Year)(18) BIRTHPLACE N.Y.(19) OCCUPATION Housewife(20) 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 alive at 1:30 P. M., on the date above stated. (Hour of birth or stillborn) (Hour of birth or stillborn)(23) (Signature) R. H. Daggett

(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) 1923 (28) h. j. thies 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.

before the fifth month of pregnancy.

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

Bureau of Columbia, Columbia, S. C.