

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

29736

Registration District No. 1315

Registered No. 32
(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

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 9, 1922

To be answered only in event of Twins or Triplets

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Thomas

(9) PRESENT POSTOFFICE OF FATHER

Silver Bl

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

34 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm Work

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Chapman

(15) PRESENT POSTOFFICE OF MOTHER

Silver Bl

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

7

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 6 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Malvina Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mint Wagon

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 18, 1922

(28)

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.