

## (1) PLACE OF BIRTH

County of Wm. burg  
 Township of Bridge  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No. - For State Registrar Only

1950-1

Registration District No. 4309Registered No. 19  
(For use of Local Registrar)

St. .... Ward)  
 (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 Easmuth Edward Thomas  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet no (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH June 2, 23  
 To be answered only in event of Twin or Triplet

FATHER  
 (8) FULL NAME Irby Flowers  
 (9) PRESENT POSTOFFICE OF FATHER Cades S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Year)  
 (12) BIRTHPLACE Wm. burg Co. S.C.  
 (13) OCCUPATION farmer hand

MOTHER  
 (14) NAME BEFORE MARRIAGE Minie Lee  
 (15) PRESENT POSTOFFICE OF MOTHER Cades S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Year)  
 (18) BIRTHPLACE Wm. burg Co. S.C.  
 (19) OCCUPATION farmer hand  
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (21) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. A. Cooper (23) Address of Physician or Midwife Cades S.C.  
 (24) State whether Physician or Midwife

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 23 is signed) W. A. Cooper  
 (26) Date June 12, 23 (27) Local Registrar W. A. Cooper

\*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.