

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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County of

Charleston field

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

18163

Township of

Charleston...

or

Inc. Town of

Registration District No. 1201

Registered No. 57

(For use of Local Registrar)

City of

(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

James Thunderbolt

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

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 4, 1922

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Caloway Thunderbolt

(14) NAME BEFORE MARRIAGE

Roxana Crawford

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

35

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Farm laborer

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was...

Alive at 3 A.M.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Charity Thunderbolt

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 10, 1922

(28)

S. B. Ingram

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.

If a child breathes

before the fifth month of pregnancy.

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, COLUMBIA, S. C.