

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Highwell  
 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

29855

Registration District No. 1503 Registered No. 35  
 (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 Johnnie 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 1 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Wm Thomas

(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 12 (Years)

(12) BIRTHPLACE Darlington Co

(13) OCCUPATION Farming

(22) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Alena Burroughs

(15) PRESENT POSTOFFICE OF MOTHER Darlington

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Washington Co

(19) OCCUPATION Farm helper

(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 9 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leticia Thomas

(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 mark)

(27) File Sept 30 22 (28) J. S. Hinkle Local Registrar

\*When there was no attending physician or midwife, then the father, householder, or, 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.