

SAMPLE REMOVED FOR READING  
 WHEN FATHER WITH UNLAWFUL THIS IS A PERMANENT RECORD  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD AND  
 FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc. in question 5.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of St. P. S. M.  
 or  
 Inc. Town of .....  
 City of Port Summerville  
 (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  
**633**

Registration District No. 909 Registered No. 5  
 (For use of Local Registrar)

(2) Full Name of Child Melba Weems (No. .... St.; .... Ward)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? Y (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 4 1923  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Henry John Deane Thomas  
 (9) PRESENT POSTOFFICE OF FATHER Port Summerville SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41  
 (12) BIRTHPLACE Missouri, Troy  
 (13) OCCUPATION Captain Fire Dept  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Callie Tydings Durbin  
 (15) PRESENT POSTOFFICE OF MOTHER Port Summerville SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37  
 (18) BIRTHPLACE Fort Meade Florida  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. J. Myers (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife North Charleston S.C.

Given name added from a supplemental report  
 ..... 19 ..  
 Registrar

(26) Witnesses ..... (Signature of Witnesses necessary only when question 23 is signed by mark)  
 (27) Filed Jan 12 1923 B. J. Myers 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.

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