

No. 3

PLACE OF BIRTH

City of Darlington

County of Lanier

Town of .....

of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Gladys Thomas

File No. - For State Registrar Only  
**3597**

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 13.08 Registered No. 15  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

Is the child born or stillborn?

(1) Twin or Triplet?

(2) Number in order of birth

(3) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 18, 1935  
(Name of Month) (Day) (Year)

FATHER

FULL NAME

Glover Thomas

PRESENT POSTOFFICE OF FATHER

Lanier

COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY 30  
(Years)

BIRTHPLACE

SC

OCCUPATION

Public Works

Number of children born to mother, including present birth

4

MOTHER

(14) NAME BEFORE MARRIAGE

Lola Holloman

(15) PRESENT POSTOFFICE OF MOTHER

Lanier

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Willy Roper

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lanier SC

Name added from a supplemental report

(26) Witness

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

(27) Filed Feb 23, 1935

(28) R. J. Chaplin

Local Registrar

If 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.