

Form No. 1.

(1) PLACE OF BIRTH

County of *Greenville*

Township of *Butler*

Inc. Town of *X*

City of *X*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

90043

Registration District No. *2207*

Registered No. *86*

(For use of Local Registrar)

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

(2) Full Name of Child *Salorence Thomas*

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

(3) ~~MALE~~ OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH *Dec 10 1917* (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Tom Jones*

(14) NAME BEFORE MARRIAGE *Nora Moore*

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER *Greenville*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *22* (Years)

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *19* (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION *Farming*

(19) OCCUPATION *Farming*

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *10:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Wm H Henderson Midwife

Greenville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Jan 16 1918*

(28) *W. White M.D.* 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.

McCauley of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the