

CERTIFICATE OF BIRTH  
MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.  
McClary, of Columbia.

(1) PLACE OF BIRTH  
County of Jasper  
Township of Cocksawhatchee  
or  
Inc. Town of ..... Registration District No. 2600 Registered No. 64  
or  
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 William Robert Thomas .. { If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
**90416**

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 9, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>William F. Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Eda Bellard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ridgeland S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgeland S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C. Ga.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was Alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)  
(23) (Signature) William F. Thomas  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife .....

Given name added from a supplemental report ....., 191..... ..... Registrar	(26) Witness <u>Louis M. Carr</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> (27) Filed <u>12/11</u> , 191 <u>6</u> (28) <u>Louis M. Carr</u> Local Registrar.
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\*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.