

(1) PLACE OF BIRTH
County of Charleston,
Township of
or
Inc. Town of Moultrieville,
or
City of
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

48424

Registration District No. 912 Registered No. 4
(For use of Local Registrar)
St.:
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Margaret Alice Thomas

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No. (5) Number in family at birth 444 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 1, 1916 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Homer L. Thomas,
(9) PRESENT POSTOFFICE OF FATHER Moultrieville, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE New London, Conn.
(13) OCCUPATION Soldier
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Margaret Alice Noma.
(15) PRESENT POSTOFFICE OF MOTHER Moultrieville, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Oughterard, Ireland.
(19) OCCUPATION
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.
(23) Signature of Physician or Midwife George E. Newman
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Capt. Med. Corps, USA. Fort Moultrie, 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 7.1.12 1916 (28) George Roberts 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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