

(1) PLACE OF BIRTH

County of Wm. B. B. B.
 Township of H. B. B.
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20429

Registration District No. 4501 Registered No. 63
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Thust
 (9) PRESENT POSTOFFICE OF FATHER S. C. Kingsbury
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Driffin
 (15) PRESENT POSTOFFICE OF MOTHER Kingsbury S. C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(32) I hereby certify that I attended the birth of this child, who was Born alive at 6:50 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Ann M. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 12, 1922 (28) W. C. Blackwell 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.

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.

MOBIL OF Columbia, S. C.