

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA

File No.—For State Registrar Only
6306

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CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA

File No.—For State Registrar Only
6304

County of Charleston
Township of St. Philip

Bureau of Vital Statistics
State Board of Health

Inc. Town of Registration District No. 9090 Registered No. 48
(City of (No. North Charleston (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 Henry Louis Thomas If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 25 23
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Henry Louis Thomas (14) NAME BEFORE MARRIAGE Lyndia Thomas
(9) PRESENT POSTOFFICE OF FATHER North Charleston (15) PRESENT POSTOFFICE OF MOTHER St. Charles
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41
(12) BIRTHPLACE St. Charles (18) BIRTHPLACE St. Charles
(13) OCCUPATION Farmer (19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive and breathing at St. Philip on the date above stated. (Hour A. M. or P. M.) 10:00 P. M.

(23) (Signature) Dr. H. H. Miller (24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Charles

Even name added from a supplemental report

(Signature of Witness necessary only when question 22 is signed by parent)

When there was no attending physician or midwife, the father, grandfather, etc., should make this return, or child breather even when the child is born in a hospital or other institution before the

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