

FORM NO. 1.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
52146

(1) PLACE OF BIRTH

County of Florence
Township of Cain
or
Inc. Town of _____
or
City of Hymar
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2001 Registered No. 29
(For use of Local Registrar)

(2) Full Name of Child Tom Thomas } If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH 3 28 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Thomas

(9) PRESENT POSTOFFICE OF FATHER Hymar S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 0 }

MOTHER.

(14) NAME BEFORE MARRIAGE Emm. Curtis

(15) PRESENT POSTOFFICE OF MOTHER Hymar S.C.

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

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth { 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Jan. Daniels

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cowards - S.C.

Given name added from a supplemental report

(26) Witness Ellen Thomas & M. Cosby
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 1 1916 (28) E. L. Montgomery
Registrar Legal 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.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY. WITH UPWARDING 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. McCAY of Columbia.