

FORM NO. 1.

(1) PLACE OF BIRTH

County of Flamence

Township of Cain

or
Inc. Town of

or
City of Hammer

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52146

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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 28 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Thomas

(14) NAME BEFORE MARRIAGE Emm. Cutts

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

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

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

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

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE Cherokee S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer

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

(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 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jan. Daniel

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

Registrar

(27) Filed Oct 1 1916 (28) E. L. Montgomery 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. NOTE: 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.