

(1) PLACE OF BIRTH

County of Orickton

Township of

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

3802

Registration District No. 1.7.92 Registered No.

(For use of Local Registrar)

(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 Johnny L. Thomas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) 1 To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 9 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Thomas

(9) PRESENT POSTOFFICE OF FATHER St George SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20
(Years)

(12) BIRTHPLACE St George SC

(13) OCCUPATION Barber

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Fanny Bell Horne

(15) PRESENT POSTOFFICE OF MOTHER St George SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE St George SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Hunter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Yvonne Louise
Sept 8 1923
Registrar

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

(27) Filed 19 (28) Det. Registrar
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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IN CASE OF TWIN OR TRIPLETS, SEE A SEPARATE: MARRIAGE, BIRTH, DEATH, ETC., IN QUESTION 3
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.