

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Hartsville SCor  
Inc. Town of Hartsville SCCity of Hartsville SC

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

-File No. - For State Registrar Only

3872

Registration District No. 12-BRegistered No. 16

(For use of Local Registrar)

(2) Full Name of Child. Ray Thomas St.; ..... Ward)(1) BOY OR GIRL? Boy(4) Twin or Triplet? ☒(5) Number in order of birth 1(6) Are Parents Married? Yes

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

## FATHER.

(8) FULL NAME Emmie Thomas(9) PRESENT POSTOFFICE OF FATHER Hartsville SC(10) COLOR OR RACE Caucasian(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Darlington Co(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Ellen Robson(15) PRESENT POSTOFFICE OF MOTHER Hartsville SC(16) COLOR OR RACE Caucasian(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE Darlington Co(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 born at Hartsville SC on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hartsville SC

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed July 22 1911

(28)

Local Registrar

When there was no attending physician or midwife, 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.