

(1) PLACE OF BIRTH

County of Marlboro
 Township of Bennettsville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar only
4585

Registration District No. 3301

Registered No. 18
 (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 Mary Thomas

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

7 BOY OR GIRL girl 8 Twin or Triplet No 9 Number in order of birth 1 10 Are Parents Married yes 11 DATE OF BIRTH 2/16/23
 (Name of Month) (Day) (Year)

FATHER

12 FULL NAME Dr. H. Thomas
 13 PRESENT POSTOFFICE OF FATHER Bennettsville S.C.
 14 COLOR OR RACE negro (15) AGE AT LAST BIRTHDAY 26 (Year)
 16 BIRTHPLACE Marlboro
 17 OCCUPATION Farmer
 18 Number of children born to mother, including present birth one

MOTHER

19 NAME BEFORE MARRIAGE Fannie Williams
 20 PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.
 21 COLOR OR RACE negro (22) AGE AT LAST BIRTHDAY 21 (Year)
 23 BIRTHPLACE Marlboro
 24 OCCUPATION Domestic
 25 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was ... Feb. 16, 1923 at S.P. M., on the date above stated. (Born alive or stillborn) (M. or F. M.)

(27) (Signature) Thos. H. Williams

(28) Street or other location of Physician or Midwife Bennettsville

(29) Address of Physician or Midwife Bennettsville

Given name added from a supplementary report

Signature of Witness necessary only
 Question 29 is signed by mother

When there was no attending physician or midwife, the report should be made by the mother or a qualified person.

If a child breathes even once, it is a live birth.

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