

Form No. 1

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Wright  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. ....) St. .... Ward ....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35979

Registration District No. 3612Registered No. 74  
(For use of Local Registrar)

(2) Full Name of Child Harold Thomas Jr.  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 1976 10 27  
 To be answered only in event of Twin or Triplet's (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Harold Thomas  
 (9) PRESENT POSTOFFICE OF FATHER Greenville SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Year)  
 (12) BIRTHPLACE NY Co  
 (13) OCCUPATION Owner  
 (20) Number of children born to mother, including present birth 5

MOTHER  
 (14) NAME BEFORE MARRIAGE John Bond  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)  
 (18) BIRTHPLACE NY Co  
 (19) OCCUPATION Estimate  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was At 8:15 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harold Thomas Jr. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

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

(27) Filed 10/29 (28) 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.

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.