

(1) PLACE OF BIRTH

County of Bamberg
 Township of Midway
 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

10002

Registration District No. H. 3Registered No. 13
(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.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

Annelle Lou Thomas

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are parents married

yes

(7) DATE OF

BIRTH

11 1 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Thomas Thomas

(9) PRESENT POSTOFFICE OF FATHER

Bamberg, S.C.

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Bamberg Co., S.C.

(13) OCCUPATION

Farming

(20)

Number of children born to mother, including present birth

12 sons

MOTHER

(14) NAME BEFORE MARRIAGE

Caroline Simons

(15) PRESENT POSTOFFICE OF MOTHER

Bamberg, S.C.

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Bamberg Co., S.C.

(19) OCCUPATION

Domestic

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

11 sons

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Barnard at 4 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Anna Newman

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Bamberg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

11 1 22

(28) Local Registrar

H. Robert Falk

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.