

## (1) PLACE OF BIRTH

County of BambergTownship of Bamberg

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10-For this purpose

2877

Registration District No. 400Registered No. 30  
(For use of Local Registrar)(2) Full Name of Child Thomas Amos

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

(3) SEX OF CHILD Male

(4) TWIN or TRIPLE

To be answered only in event of Twin or Triple

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Feb 17 1938

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Franklin Amos(9) PRESENT POSTOFFICE OF FATHER Bamberg S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE Walterboro S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Lavinia Rebecca Amos(15) PRESENT POSTOFFICE OF MOTHER Bamberg S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE Walterboro S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Born alive or stillborn) (Sex, A. M. or P. M.)(22) (Signature) H. L. Tucker

(23) Place whether Physician or Midwife

(24) Address of Physician or Midwife Bamberg S.C.

Given name and date of birth of child

(25) Witness

(26) Signature of Witness necessary only when question is in doubt

(27) Name of Witness John Casner

When these facts are true, the Registrar shall issue a certificate of birth to the child.