

(1) PLACE OF BIRTH

County of PickensTownship of Castleton

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. for State Registrar Only

25923

Registration District No. 3708 Registered No. 19
(For use of Local Registrar)(2) Full Name of Child John Dr. Thomas If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Yes (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 6 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rhett Thomas(9) PRESENT POSTOFFICE OF FATHER Sunset(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Pickens Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ila Cantrell(15) PRESENT POSTOFFICE OF MOTHER Sunset(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Year)(18) BIRTHPLACE Jocassee, Union 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 alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert Kirksey (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 11 1923 (28) B. L. Winchester 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.

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