

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

36658

County of Lee

Inc. ^{or} Town of *Bishopville*

City of

Registration District No. 319

Registered No. 23
(For use of Local Registrar)

town of Bishopville (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
B. J. Thomas If child is not yet named, make supplemental report as directed

Full Name of Child Jessie Bell Thomas (If child is not yet named, make supplemental report as directed)

(4) **Twin or Triplet**
To be on

(6) Number in
order of birth
event of Twins or Triplets

(b) Are Parents Married *Yes*

(7) DATE OF BIRTH 10.28

MOTHER

FATHER.
 3 **NAME** Reedy Thomas

(7) PRESENT POSTOFFICE OF FATHER B. Propville 8.5

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE Leys

(15) OCCUPATION Day Labor

(20) Number of children born to mother, including present birth 1

(10) NAME BEFORE MARRIAGE Lillie Mary

(18) PRESENT POST OFFICE OF MOTHER Bishopville 185

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *35* (Years)

(16) BIRTHPLACE Lee Cr

(10) OCCUPATION Director

(21) Number of children of this mother 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(28) (Signature) [Signature] (29) Address of Registrar or Midwife
(34) State whether Physician or Midwife Physician

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only
when question 25 is signed by mark)

(7) Filed Dec 12 1943 (20) 1943 Local Registrar.

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(27) Filed

*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.