

(1) PLACE OF BIRTH

County of GreenvilleTownship of Marion

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 502

File No. - For State Registrar Only

4737

Registered No. 8
(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.)

(2) Full Name of Child Frank Thomas

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

(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 28 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Sam Thomas(9) PRESENT POSTOFFICE OF FATHER Nathalla S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Year)(12) BIRTHPLACE Alcon, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Rosie Smith(15) PRESENT POSTOFFICE OF MOTHER Nathalla S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE Ga(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10:1 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mary S. Horne(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Not known

Given name added from a supplemental report

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

(26) Filed Mar 1 23 (27) Not known 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.