

FORM NO. 2
MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 2.

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

(1) PLACE OF BIRTH *Residence*
County of
Township of
Inc. Town of
City of *Columbia*
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. *38^B* Registered No. *274*
(For use of Local Registrar)

(2) Full Name of Child *William Franklin Thomas Jr.*
(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 *Nov 4 23*
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME *William F. Thomas* (9) PRESENT POSTOFFICE OF FATHER *Columbia* (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *45* (Years) (12) BIRTHPLACE *Columbia, SC* (13) OCCUPATION *Painter* (14) Number of children born to mother, including present birth *3*

MOTHER: (14) NAME BEFORE MARRIAGE *Maggie L. Mattox* (15) PRESENT POSTOFFICE OF MOTHER *Columbia* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *45* (Years) (18) BIRTHPLACE *Columbia, SC* (19) OCCUPATION *House wife* (20) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *[Signature]* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Columbia, SC*

(Given name added from a supplemental report) 101....

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed *Nov 13 1923* (28) *[Signature]* Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

Registrar *[Signature]*

*When there was no attending physician or midwife, then the father, household, 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.

Registrar *[Signature]*