

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

File - For Birth Register
33015

Registration District No. 4007 Registered No. 41
 (For use of Local Registrar)

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

Full Name of Child John Franklin Tolson If child is not yet named, make supplemental report as directed

Sex Boy (1) Type of Report At (2) Number in order of birth 1 (3) Are Parents Married yes (4) DATE OF BIRTH Sept 28, 1923
 To be covered only in case of Twin or Triplets (Day) (Year)

FATHER.
 Name J. F. Tolson
 Present Residence more
 Color white (11) AGE AT LAST BIRTHDAY 19 (Years)
 Race white
 Birthplace D.C.
 Occupation Farmer
 Number of children born to and living present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Wiley Elhi Thomas
 (15) PRESENT RESIDENCE OF MOTHER more
 (16) COLOR white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE D.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) D. F. Hughton M.D.
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Medina, D.C.

Was this child added from a supplemental report

(25) Witness [Signature] (Signature of Witness required only when question 23 is signed by "Maid")
 (27) Filed Sept 10, 1923 (28) Local Registrar [Signature]

If the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If the mother, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.