

(1) PLACE OF BIRTH

County of

Charleston

Township of

or
Inc. Town ofor
City of

Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

80485

Registered No.

1060

(For use of Local Registrar)

City of

Registration District No.

29

St.

Ward

(2) Full Name of Child

Baby Joseph Thomas

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

October 1

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph Thomas

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Beaufort S.C.

(13) OCCUPATION

laborer

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

Second

MOTHER.

(15) NAME BEFORE MARRIAGE

Richardine Simmons

(16) PRESENT POSTOFFICE OF MOTHER

Charleston

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

25

(Years)

(19) BIRTHPLACE

Ravenel S.C.

(20) OCCUPATION

House work

(21) Number of children of this mother now living, including present birth

None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 10 A.M., (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature)

W.H. Miller M.D.

(24) State whether Physician or Midwife

Charleston S.C.

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10/3/16

(28)

J. Merwin Green M.D. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before 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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FORM NO. 2
RECEIVED
VITALS PLAINLY WITH ENOUGH INK TO BE READ BY A PERSON
N.B.—In case of TWINS or TRIPLETS, give name of each child, and date of birth of each child.