

MARGIN RESERVED FOR BINDING.

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, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		1000	
Township of <u>Surge Creek</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>1.3.1.1</u>		Registered No. <u>4</u>	
(No. St. Ward)		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)	
(2) Full Name of Child <u>Cay Thomas</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 23</u> 19 <u>22</u>	
To be answered only in event of Twins or Triplets			(Same of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Harley Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Ueala Lee</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>		
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Col.</u> (17) AGE AT LAST BIRTHDAY <u>27</u> (Years)			
(12) BIRTHPLACE <u>Charleston S.C.</u>			(18) BIRTHPLACE <u>Harlem S.C.</u>		
(13) OCCUPATION <u>farm hand</u>			(19) OCCUPATION <u>at home</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>6 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Rachel Perry</u>		(25) Address of Physician or Midwife <u>underage Charleston S.C.</u>			
(24) State whether <u>Physician or Midwife</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>C. D. Early</u>			
19 Registrar		(27) Filed <u>Feb 1</u> 19 <u>22</u> (28) <u>C. D. Early</u> 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.