

PLACE OF BIRTH

County of Marion
 Precinct of Reaves

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20270

Registration District No. 3705Registered No. 46
(For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

1 Full Name of Child Allie Thomas Jr. If child is not yet named, make supplemental report as directed

2 SEX OR ONLY Boy 3) Twin or Triplet No 4) Number in order of birth 94 5) Are Parents Married Yes 6) DATE OF BIRTH April 29, 1923
 (Month) (Day) (Year)

FATHER: 7) FULL NAME Allie Thomas 8) PRESENT POSTOFFICE OF FATHER Mullins S.C. 9) COLOR OR RACE W. 10) AGE AT LAST BIRTHDAY 22 (Years)

MOTHER: 11) NAME BEFORE MARRIAGE Maggie Collins 12) PRESENT POSTOFFICE OF MOTHER Mullins S.C. 13) COLOR OR RACE W 14) AGE AT LAST BIRTHDAY 24 (Years)

15) BIRTHPLACE Marion County 16) OCCUPATION House Wife

17) Number of children born to father, including present birth 4 18) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

19) I hereby certify that I attended the birth of this child, who was born alive at 9 am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

20) (Signature) Frank L. Martin 21) State whether Physician or Midwife Physician 22) Address of Physician or Midwife Mullins S.C.

23) Witness (Signature of Witness necessary only when question 22 is signed by mark) S. J. McPherson

24) Filed 8/28/23 25) Local Registrar S. J. McPherson

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.

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