

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

88723

Registration District No. 9XRegistered No. 1405

(For use of Local Registrar)

(No. 5 Cedar St.)St.; Ward(2) Full Name of Child. Bobby Thomas

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? —(5) Number in order of birth —

(Take account only in case of twins or triplets)

(6) Are Parents Married? Yes(7) DATE BIRTH Dec. 13

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Louis Thomas(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 42

(Years)

(12) BIRTHPLACE Kingstree, S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Bliss Robinson(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. G. Cain, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Robt. Hospital

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 12/18

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(28)

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.

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