

(1) PLACE OF BIRTH

County of Charleston
Township of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

88733

Inc. Town of Registration District No. 9X Registered No. 1405
(For use of Local Registrar)
City of Charleston (No. 5 Cedar St.) St.; Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 1 (6) Are Parents Married? Yes (7) DATE BIRTH Dec. 13 1916
To be answered only in case of twins or triplets (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 Ellie 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
(21) 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 7:30 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 Mid (25) Address of Physician or Midwife Reform 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 nurse)
J. Mercus Green M.D.
(27) Filed 12/18 1916 (28) J. Mercus Green M.D. 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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THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS FILED IN THE OFFICE OF THE STATE REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES, AT CHARLESTON, SOUTH CAROLINA, ON THE 18TH DAY OF DECEMBER, 1916.