

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.  
 WAGAN OF COLUMBIA, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of Sichens  
 Township of Surge  
 OR  
 Inc. Town of.....  
 OR  
 City of..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2704 Registered No. 144  
 (For use of Local Registrar)

File No.—For State Registrar Only  
**19828**

**(2) Full Name of Child** May Belle Thomas (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets  
 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 3 1922  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME William Eufromus Thomas  
 (9) PRESENT POSTOFFICE OF FATHER Sichens S. C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41  
 (Years)  
 (12) BIRTHPLACE Sichens S. C.  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 8

**MOTHER.**

(14) NAME BEFORE MARRIAGE Essie Porter  
 (15) PRESENT POSTOFFICE OF MOTHER Sichens S. C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (18) BIRTHPLACE Sichens S. C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or Stillborn) (Hour) 5:30 M. or P. M.

(23) (Signature) H. Halliday, M.D., Sichens S. C.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_, 19 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 8 1922 (28) J. M. ... 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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