

## (1) PLACE OF BIRTH

County of MarlboroTownship of Adamsvilleor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39391

Registration District No. 3300 Registered No. 58  
(For use of Local Registrar)

(No. .... 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 Harlee Thomas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 1 19 45</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Harris Thomas(9) PRESENT POSTOFFICE OF FATHER R. F. D. 500 S. C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Farm Labor.(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Reed Reed(15) PRESENT POSTOFFICE OF MOTHER M. C. Sells S. C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Year)(18) BIRTHPLACE S. C.(19) OCCUPATION House wife(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 ..... at 6:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Q. Livingston(24) State whether Physician or Midwife (25) Address of Physician or Midwife S. C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 1 19 45 (28) A. R. Newton 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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REGISTRATION DISTRICT NO. 3300, MARLBORO COUNTY, S. C. REGISTRATION DISTRICT NO. 3300, MARLBORO COUNTY, S. C. REGISTRATION DISTRICT NO. 3300, MARLBORO COUNTY, S. C.