

(1) **Place of Birth**County of CherokeeTownship of LawrenceInc. Town of Ashe

City of

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

(2) **Full Name of Child**Catherine Thomas

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

(a) SEX OF CHILD Girl (b) Age or Years 1 (c) Number in order of birth 9 (d) Name of Father James (e) Name of Mother Eva (f) DATE OF BIRTH Feb 10 1923 (g) TIME OF BIRTH 4:30 P.M.

FATHER.(a) FULL NAME James Andrew Thomas(b) PRESENT RESIDENCE OF FATHER Ashe(c) COLOR OR RACE White (d) AGE AT LAST BIRTHDAY 42 (Year)(e) BIRTHPLACE Cherokee County Ga.(f) OCCUPATION Farmer(g) Number of children born to mother, including present birth 9**MOTHER.**(a) NAME BEFORE MARRIAGE Eva Williams(b) PRESENT RESIDENCE OF MOTHER Ashe(c) COLOR OR RACE White (d) AGE AT LAST BIRTHDAY 37 (Year)(e) BIRTHPLACE Cherokee County Ga.(f) OCCUPATION Domestic(g) Number of children of this mother now living, including present birth 9**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**(1) I hereby certify that I attended the birth of this child, who was born at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(2) (Signature) J. D. Thomas, M.D.

(3) State whether Physician or Midwife

(4) Address of Physician or Midwife Ashe

Given name added from a supplemental report

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

(6) Filed Feb 10 1923 (7) W. J. Smith

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.