

(1) PLACE OF BIRTH

County of UnionTownship of Santuck

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

8763

Registration District No. Registered No. 7

(For use of Local Registrar)

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

(2) Full Name of Child Marybeth Thomas If child is not yet named, make supplemental report as directed(3) SEX OR GUY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb. 22 1923

FATHER		MOTHER	
(8) FULL NAME <u>Irvin Thomas</u>	(14) NAME BEFORE MARRIAGE <u>Lela Clark</u>	(14) NAME BEFORE MARRIAGE <u>Lela Clark</u>	(14) NAME BEFORE MARRIAGE <u>Lela Clark</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Santuck S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Santuck S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Santuck S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Santuck S.C.</u>
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>36</u>	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>33</u>
(12) BIRTHPLACE <u>Santuck S.C.</u>	(18) BIRTHPLACE <u>Barlisle S.C.</u>	(16) BIRTHPLACE <u>Barlisle S.C.</u>	(16) BIRTHPLACE <u>Barlisle S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:36 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adelaide E. Eversum (24) State whether Physician or Midwife (25) Address of Physician or Midwife m. w. Santuck

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/10 1923 (28) K.B. J. 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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