

## (1) PLACE OF BIRTH

County of SpencerTownship of Rocky Springor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 216No. 2688Registered No. 10  
(For use of Local Registrar)(2) Full Name of Child Willie Thomas

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

(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth - (6) Sex Male (7) DATE OF BIRTH Feb 10 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Thomas(9) PRESENT RESIDENCE OF FATHER Washington D.C.(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 25  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Order(14) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Suppan Williams(15) PRESENT RESIDENCE OF MOTHER Laurel S.C.(16) COLOR Negro (17) AGE AT LAST BIRTHDAY 27  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born 4 a.m. on the date above stated. (How alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Wm. G. Rader MD(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Laurel S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by nurse)

(26) SIGN Wm. G. Rader MD (27) 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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