

## (1) PLACE OF BIRTH

County of WayneTownship of Wayne

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

41039

Registration District No. 2-5-8Registered No. 131

(For use of Local Registrar)

(No. 1 St. 1 Ward)

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

## (2) Full Name of Child

Joseph G. Thomas

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Ernest B. Taylor

(9) PRESENT POSTOFFICE OF FATHER

Wayne, N.C. P.O. 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

53

(12) BIRTHPLACE

Wayne County, N.C.

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

9

## MOTHER.

(15) NAME BEFORE MARRIAGE

Jennie Etta Taylor

(16) PRESENT POSTOFFICE OF MOTHER

Wayne, N.C. P.O. 2

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

35

(19) BIRTHPLACE

Wayne County, N.C.

(20) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Wayne, N.C. on the date above stated. (If alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Wayne, N.C.

(26) Give name added from a supplemental report

(27) Witness

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

(28) Filed

Jan 17

1924.

(29)

E. Williamson

Local Registrar.

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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