

MARGIN RESERVED FOR INDEXING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Georgetown
Township of #6
or
Inc. Town of _____
or
City of _____

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
42907

Registration District No. _____ Registered No. _____
(For use of Local Registrar)
St.; _____ Ward)

(2) Full Name of Child Arnie Cornelia Thomas

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

(3) BOY OR GIRL?	(4) Toddler or Infant?	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 21</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Geo Danco Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Ala Litsa Carter</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rhen RFD #1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rhen RFD #1</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Wm.burg Co. S.C.</u>			(18) BIRTHPLACE <u>Wm.burg Co. S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:50 PM on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) L. B. Johnson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician

Given name added from a supplemental report

Registrar

(26) Witness _____
(Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Oct 12 1915 (28) J. M. McCall
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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