

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of W. Plains  
 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

415

Registration District No. 1007Registered No.  
(For use of Local

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

(2) Full Name of Child Thomas Boyd Milwood { If child is not yet named, supplemental report as

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 26 1924  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Vernon Milwood  
 (9) PRESENT POSTOFFICE OF FATHER P. 4 Gaffney S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)  
 (12) BIRTHPLACE Union Co. S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Ela Elizabeth Blac  
 (15) PRESENT POSTOFFICE OF MOTHER P. 4 Gaffney  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
 (18) BIRTHPLACE Laurens Co. S.C.  
 (19) OCCUPATION House Wife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Rome Thorne(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife P. 4 Gaffney S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan. 3 1925

(28)

Ella Brown  
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.