

(1) PLACE OF BIRTH

County of RowleyTownship of Wings

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

19552

Registration District No. 3407 Registered No. 31

(For Use of Local Registrar)

(2) Full Name of Child William Thomas

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

6. BOY OR GIRL Boy 7. DATE OF BIRTH June 19, 1922
 (Month/Day/Year)
 8. Twin or Triplet? No 9. Number in order of birth 1 10. Are Parents Married? Yes
 To be answered only in event of Twin or Triplet

FATHER
 11. FULL NAME Wm Thomas
 12. PRESENT POSTOFFICE OF FATHER Chapinville
 13. COLOR OR RACE W 14. AGE AT LAST BIRTHDAY 23
 (Years)
 15. BIRTHPLACE W
 16. OCCUPATION Farmer
 17. Number of children born to mother, including present birth Four

MOTHER
 18. NAME BEFORE MARRIAGE Annie Beale
 19. PRESENT POSTOFFICE OF MOTHER Chapinville S.C.
 20. COLOR OR RACE W 21. AGE AT LAST BIRTHDAY 22
 (Years)
 22. BIRTHPLACE W
 23. OCCUPATION Farmer's Land
 24. Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

26. Signature of Physician or Midwife William Thomas
 27. Address of Physician or Midwife Chapinville S.C.
 28. Signature of Registrar Wm Thomas
 29. Date of Report June 24, 1922

30. Where child was born Chapinville S.C.
 31. In what hospital or institution Chapinville S.C.

WHILE BEING IN A PERMANENT POSITION, WITH UNFAIRING ENDS—THIS IS A NECESSARY REPORT AS DIRECTED BY THE STATE BOARD OF HEALTH, AND MARK THE PRINTED-BORN, No. 1, THIS OTHER, No. 2, OR, IN QUESTION 4.

RECEIVED BY THE STATE BOARD OF HEALTH, COLUMBIA, SOUTH CAROLINA, JUNE 24, 1922