

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Berkley

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48188

Township of S. St. James

Inc. Town of Registration District No. 211 Registered No. 6
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sadie Edith Farmer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Feb. 20 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jerry Henry Thomas

(14) NAME BEFORE MARRIAGE Amie Belle Higgins

(9) PRESENT POSTOFFICE OF FATHER Summersville

(15) PRESENT POSTOFFICE OF MOTHER Summersville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Berkley Co.

(18) BIRTHPLACE Berkley Co.

(13) OCCUPATION Farming

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4. First

(21) Number of children of this mother now living, including present birth 3. First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M. on the date above stated. (Born/alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summersville, 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 Feb. 20 1916 (28) N. L. ... 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.

Registrar

Local Registrar

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. E.—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 5. McCaw, of Columbia, S. C.