

FORM NO. 1.

(1) PLACE OF BIRTH

County of Lee  
 Township of Turkey Creek  
 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  
**90754**

Registration District No. 3009 Registered No. 76  
 (For use of Local Registrar)

(2) Full Name of Child Frank Thomas } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 5, 1914</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Jessie Aderson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Turkey Creek</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Turkey Creek</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Sumter Co S.C.</u>			(18) BIRTHPLACE <u>Sumter Co S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic Work</u>	
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Mittie Neehler  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Turkey Creek S.C.

Given name added from a supplemental report  
 ..... 101.....  
 Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 13, 1914 (28) Res M. H. H. H.  
 Local Registrar.

McClaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

\*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.