

R. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See note the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in Section 1.  
 State of South Carolina, Columbia, S. C.

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 County of Charleston **STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of Lowcountry  
 Inc. Town of .....  
 City of .....  
 Registration District No. 1-2-3-4 Registered No. 9  
 (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) <b>BOY OR GIRL</b> <u>Boy</u>	(4) <b>Twin or Triplet</b> To be answered only in event of Twin or Triplet	(5) <b>Number in order of birth</b> -	(6) <b>Are Parents Married</b> <u>yes</u>	(7) <b>DATE OF BIRTH</b> <u>Feb 22 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) <b>FULL NAME</b> <u>Louise Thomas</u>			(14) <b>NAME BEFORE MARRIAGE</b> <u>Rachel Sims</u>	
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <u>Charleston S. C.</u>			(15) <b>PRESENT POSTOFFICE OF MOTHER</b> <u>Charleston S. C.</u>	
(10) <b>COLOR OR RACE</b> <u>Col</u>			(16) <b>COLOR OR RACE</b> <u>Col</u>	
(11) <b>AGE AT LAST BIRTHDAY</b> <u>24</u> (Years)			(17) <b>AGE AT LAST BIRTHDAY</b> <u>21</u> (Years)	
(12) <b>BIRTHPLACE</b> <u>S. C.</u>			(18) <b>BIRTHPLACE</b> <u>S. C.</u>	
(13) <b>OCCUPATION</b> <u>Farmer</u>			(19) <b>OCCUPATION</b> <u>at home</u>	
(20) <b>Number of children born to mother, including present birth</b> <u>1</u>			(21) <b>Number of children of this mother now living, including present birth</b> <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 2 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)  
 (23) (Signature) Mary Jane Sims  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Charleston  
 Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mother)  
 (27) Filed Mar 1 1923 (28) E. A. Early  
 Registrar 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.