

## (1) PLACE OF BIRTH

County of HorryTownship of Bayland

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

Registration District No. 2570Registered No. 89  
(For use of Local Registrar)

(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 Robert Dumas

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 18</u> , 19 <u>32</u> (Name of Month) (Day) (Year)
-----------------------------	--	---------------------------------------	-------------------------------------	---

## FATHER.

(8) FULL NAME Robert McKeith Thompson(9) PRESENT POSTOFFICE OF FATHER Low. 30, R. 1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Carpenter(14) NAME BEFORE MARRIAGE Lucinda Hunsford(15) PRESENT POSTOFFICE OF MOTHER Low. 30, R. 1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 5(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Thomas(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Low. 30

Given name added from a supplemental report

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

(27) Filed Jan. 11, 1933. (28) J. E. Bell 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.

\*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.