

(1) PLACE OF BIRTH

County of OconeeTownship of Senecaor
Inc. Town of.....or
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 Lucy Savinia Thomas

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

3 SEX-AGE
GIRL4 Twin
or Triplet?5 Number in
order of birth 26 Are
Parents
Married? yes(7) DATE OF
BIRTH July 20 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL
NAME Dana Thomas9 PRESENT
POSTOFFICE
OF FATHER Seneca R.P.D.10 COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 29
(Years)12 BIRTHPLACE
Oconee13 OCCUPATION
Carpenter20 Number of children born to
mother, including present birth 2

MOTHER.

14 NAME BEFORE
MARRIAGE Ella Pinnus15 PRESENT
POSTOFFICE
OF MOTHER Seneca S.B. R.P.D.16 COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 31
(Years)18 BIRTHPLACE
Oconee19 OCCUPATION
wife(21) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at Seneca
on the date above stated. (Born alive or stillborn) (Hq. - A. M. or P. M.)(23) (Signature) J. D. Steinhilber(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife
Seneca S.B.Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 10/10 1922 (28) J. D. Steinhilber
Registrar Local RegistrarWhen 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.
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