

Form No. 1

## (1) PLACE OF BIRTH

County of Jasper  
 Township of P.O. Catalago  
 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  
**30797**

Registration District No. 2601 Registered No. 57  
 (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 Frederick Thomas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11, 22  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Frederick Thomas  
 (9) PRESENT POSTOFFICE OF FATHER Posawhatchie, SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26  
 (12) BIRTHPLACE Lueizing Hill  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

MOTHER  
 (14) NAME BEFORE MARRIAGE Lucie Patton  
 (15) PRESENT POSTOFFICE OF MOTHER Posawhatchie, SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION House wife  
 (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 Alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Hamilton  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Posawhatchie

Given name added from a supplemental report

(26) Witness R. S. Roberts  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/21 19 22 (28) R. W. Roberts 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 \* N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the RECORD OF COLUMBIA, COLUMBIA, S. C.