

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of New Hope
 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

31602

Registration District No. 3612 Registered No. 62
 (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 Henry Addison Thomas (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Adison, Thomas
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg SC
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23
 (Year) (12) BIRTHPLACE Orangeburg, Co., S.C.
 (13) OCCUPATION Wagon, Farm,

MOTHER.

(14) NAME BEFORE MARRIAGE Frances Carmichael
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22
 (Year) (18) BIRTHPLACE Orangeburg, Co., S.C.
 (19) OCCUPATION Work on farm,

(20) Number of children born to mother, including present birth 3

(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... Child ...at 6 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Enakabum

(24) State whether

Physician or Midwife

(25) Address of Physic or Midwife

Midwife Orangeburg, S.C.

Given name added from a supplemental report

(26) Witness T. H. Hand
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/13/22 (28) T. H. Hand 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.