

## (1) PLACE OF BIRTH

County of OrangeburgTownship of EdgarInc. Town of FredCity of Thalassie McMichael

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39615

Registration District No. 3604 Registered No. 95

(For use of Local Registrar)

(No. Thalassie McMichael St. Ward)(2) Full Name of Child Fred Thalassie McMichael 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) Age Parents Married? Yes (7) DATE OF BIRTH Nov 11 - 26 1922 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Thalassie McMichael (14) NAME BEFORE MARRIAGE Louise Jones(9) PRESENT POSTOFFICE OF FATHER Ward 12 (15) PRESENT POSTOFFICE OF MOTHER Ward 12(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Orangeburg Camp (18) BIRTHPLACE Orangeburg Camp(13) OCCUPATION Farming (19) OCCUPATION Fruit Grower(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) 9 P. M. on the date above stated.(23) (Signature) Edgar (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ward 12

Given name added from a supplemental report

(26) Witness Thalassie McMichael (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/2 1922 (28) F. A. McMichael 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.

Before the fifth month of pregnancy.

No. 10—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

SCAW, of Columbia