

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Morgan...
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
30517

Registration District No. 4306 Registered No. 57
 (For use of Local Registrar)

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

(3) BOY OR GIRL Male (4) Twin or Triplet No (5) Number in order of birth No (6) Age of Child at Birth No (7) DATE OF BIRTH Sept 14 1913
 To be covered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Press Thomas
 (9) PRESENT POSTOFFICE OF FATHER Cades. S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 14 (Year)
 (12) BIRTHPLACE Williamsburg Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Thomas
 (15) PRESENT POSTOFFICE OF MOTHER Cades. S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 12
 (18) BIRTHPLACE Williamsburg Co
 (19) OCCUPATION House Keeping
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Stacy Huff

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Cades. S.C.

Given name added from a supplemental report

(26) Witness B. M. Smith

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 8 1913

(28) J. T. Givens 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.