

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

Registration District No.

File No.—For State Registrar Only

8861

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

Anne H. Thomas

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

(1) BOY OR GIRL Boy	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH Feb 27, 23 (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME Frank Thomas			(14) NAME BEFORE MARRIAGE Lucy Williams	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE Col	(11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE Col		
(12) BIRTHPLACE S.C.		(17) AGE AT LAST BIRTHDAY 24 (Years)		
(13) OCCUPATION Farming			(18) OCCUPATION	
(20) Number of children born to mother, including present birth 2			(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 alive at 11 A.M. on the date above stated.
(Mark alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Anne

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed

3/19/23

(28)

19

(29)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.