

16 092979

FILE No.—For State Registrar Only

03843

1. PLACE OF BIRTH

County of Auderson

Township of.....

or
Inc. Town of.....or
City of Auderson

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 3a Registered No.
(For use of Local Registrar)2. FULL NAME OF CHILD Roy Louis Thomas

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

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature..... Full term..... <input checked="" type="checkbox"/>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>March 26, 1942</u> (Month, day, year)
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9. Full name
FATHER
Lloyd Hudson Thomas18. Name before
marriage MOTHER
Nathalie Lawson10. Residence (mailing address)
(If non-resident, give place and State) Auderson S.C.19. Residence (mailing address)
(If non-resident, give place and State) Auderson S.C.11. Color or race white 12. Age at child's birth 32 (years)20. Color or race white 21. Age at child's birth 29 (years)13. Birthplace (city or place)
(State or country) Spartanburg
S.C.22. Birthplace (city or place)
(State or country) Alexander
Ga.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Spinner23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. House wife15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc. Textile Mill24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own home16. Date (month and year last)
engaged in this work
Working now 17. Total time (years)
spent in this work 1525. Date (month and year) last
engaged in this work
Working now 19..... 26. Total time (years)
spent in this work 1127. Number of children of this mother
(At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none28. If stillborn,
period of gestation..... months
weeks 29. Cause of stillbirth.....
Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 P. m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 9 P. M. on above date sol. Boric acid
(Name of Prophylactic)Cleft Palate none Hare Lip none Other Deformities none
(Specify)(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)(Signed) J. A. Henry, M. D.

or..... Midwife

Address Auderson S.C.Filed June 12, 1942 M. B. Woodward
Registrar.Given name added from
a supplementary report.....
(Date of)

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)