

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)

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 Health

Registration District No. 3a Registered No.
(For use of Local Registrar)

FILE No.—For State Registrar Only

03843

2. FULL NAME OF CHILD Ray 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.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>march 26, 1916</u> (Month, day, year)
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9. Full name FATHER
Raymond Hudson Thomas

18. Name before marriage MOTHER
Nathalie Lawson

10. 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) Glen Dale S.C.

22. Birthplace (city or place)
(State or country) Athens Ga.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. spinner

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Textile Mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year last) engaged in this work Working now 19.....

25. Date (month and year) last engaged in this work Working now 19.....

17. Total time (years) spent in this work 15

26. Total time (years) spent in this work 11

27. 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 none

28. 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 Sal. 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.

Given name added from a supplementary report.....
(Date of)

(Signed) J. A. Henry, M. D.

or..... Midwife

Address Auderson S.C.

Filed June 12, 1916 M. B. Woodward

Registrar.

Registrar.