

## (1) PLACE OF BIRTH

County of Aiken Co.  
 Township of Greene

or  
 Inc. Town of .....  
 or  
 City of Graniteville S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Ella Viola Thomas

File No.—For State Registrar Only

24481

Registered No. 332  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? l

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug. 3, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George Thomas

(9) PRESENT POSTOFFICE OF FATHER

Graniteville S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Aiken Co.

(13) OCCUPATION

Common laborer.

(20) Number of children born to mother, including present birth

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie L. Wooden.

(15) PRESENT POSTOFFICE OF MOTHER

Graniteville S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Edgefield Co.

(19) OCCUPATION

Housewife.

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3.0 clock P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Aerietta Burt.

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Graniteville S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Aug 16, 1922 W. H. Turnbull B.S.; M.D.

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.

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