

MAKINGLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. D.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of *Abbeville*  
Township of *Long Pine*  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17200

Registration District No. *107*

Registered No. *25*  
(For use of Local Registrar)

(2) Full Name of Child

*James Thomas*

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

(3) BOY OR GIRL?

*Boy*

(4) Twin or Triplet?

*1*

(5) Number in order of birth

*5*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*June 27, 1922*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*John Thomas*

(9) PRESENT POSTOFFICE OF FATHER

*Abbeville SC*

(10) COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*29*  
(Years)

(12) BIRTHPLACE

*Abbeville Co*

(13) OCCUPATION

*Farmer*

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

*5*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Sadie Black*

(15) PRESENT POSTOFFICE OF MOTHER

*Abbeville SC*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

*24*  
(Years)

(18) BIRTHPLACE

*Abbeville*

(19) OCCUPATION

*Housewife*

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

*4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

*alive* at *12 P.* M.,  
(Hour) (M. or P. M.)  
on the date above stated.

(23) (Signature)

*Harmon H. Garton*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife at Abbeville RFD*

Given name added from a supplemental report

(26) Witness

*W. S. Tucker*  
(Signature of Witness; necessary only when question 23 is signed by mark)

(27) Filed

*7/1* 19*22* (28) *E. H. Miller*  
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.