

PLACE OF BIRTH

County of MarionTownship of Heavensor
City ofor
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. 3705

File No.—For State Registrar Only

29271

Registered No. 47
(For use of Local Registrar)

Full Name of Child

Alton Thomas

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

1 SEX OF CHILD Boy
2 TWIN OR TRIPLET? No
To be answered only in event of Twin or Triplet

FATHER.

3 FULL NAME Allie Thomas4 PRESENT POSTOFFICE OF FATHER Mullins S.C.5 COLOR OR RACE W
(11) AGE AT LAST BIRTHDAY 22
(Years)6 BIRTHPLACE Williamburg County.7 OCCUPATION Farmer.8 Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Collins(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C.(16) COLOR OR RACE W
(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Marion County.(19) OCCUPATION House Wife(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 born alive at 9:20 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Frank L. Martin
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mullins S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 8/28/13 (28) Local Registrar

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