

(1) PLACE OF BIRTH

County of LeggettTownship of W. A. R. R.

Inc. Town of

City of

(No.) (St.) (Ward)
(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

No. for State Registrar Only

807

Registration District No. 1810Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child William Joseph Thomas

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

(7) SEX OR CHILD boy (8) Type or Triple only (9) Number in order of birth 1 (10) Are twins yes (11) DATE OF BIRTH Jan 29 1923

FATHER.

(12) FULL NAME Joseph Cathan Thomas(13) PRESENT POSTOFFICE OF FATHER Smoots S.C.(14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 36 (Years)(16) BIRTHPLACE S.C.(17) OCCUPATION Farmer(18) Number of children born to mother, including present birth one

MOTHER.

(19) NAME BEFORE MARRIAGE Alma Eugenia Bishop(20) PRESENT POSTOFFICE OF MOTHER Smoots S.C.(21) COLOR OR RACE white (22) AGE AT LAST BIRTHDAY 27 (Years)(23) BIRTHPLACE White S.C.(24) OCCUPATION Housewife(25) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(26) I hereby certify that I attended the birth of this child, who was Alma at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(27) (Signature) J. L. Thompson(28) State whether Physician or Midwife Physician(29) Address of Physician or Midwife Smoots S.C.

Given name added from a supplemental report

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

(31) Filed Feb 7 1923 (32) McArthur Kinsey 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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