

MARGIN RESERVED FOR INDEXING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of **Sumter**
Privateer
Township of
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
16897

Registration District No. **4104** Registered No. **58**
(For use of Local Registrar)

(2) Full Name of Child **Rosa Lee Thomason**

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

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? **yes** (7) DATE OF BIRTH **May, 8th, 1922.**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Freddie Thomason**
(9) PRESENT POSTOFFICE OF FATHER **Tindal, S.C.**
(10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **22**
(Years)
(12) BIRTHPLACE **Sumter County, S.C.**
(13) OCCUPATION **Farming**
(20) Number of children born to mother, including present birth **One**

MOTHER.

(14) NAME BEFORE MARRIAGE **Ola McKnight**
(15) PRESENT POSTOFFICE OF MOTHER **Tindal, S.C.**
(16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **16**
(Years)
(18) BIRTHPLACE **Sumter County, S.C.**
(19) OCCUPATION **House and Field Work.**
(21) Number of children of this mother now living, including present birth **One**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** **11 PM** **M.** on the date above stated. (Born **alive** (Hour **M.** or **P.** M.)
(23) (Signature) **Harriet L. Arthur**
(24) State whether Physician or Midwife **Midwife** of **Tindal, S.C.**

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed **5-13-1922** (28) **L. R. Deane** 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.