(1) PLACE OF BIRTH

County of Lee

Township of Turkeycreek

or

Inc. Town of .....

or

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

File No. — For State Registrar Only: 21756

Registration District No. 3001 Registered No. 23
(For use of Local Registrar)

(2) Full Name of Child Estelle Thomas (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
G		one	yes	July 7 1923 (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER	MOTHER
(8) FULL NAME William Thomas	(14) NAME BEFORE MARRIAGE Lillie Thomas
(9) PRESENT POSTOFFICE OF FATHER Lucknow S.C.	(15) PRESENT POSTOFFICE OF MOTHER Lucknow S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Lee Co S.C.	(18) BIRTHPLACE Lee Co S.C.
(13) OCCUPATION Farming	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth Seven	(21) Number of children of this mother now living, including present birth seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mena X Benjamin midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed July 18 1923 J. O. Rodgers
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.