

WRITE MAINLY WITH INK—THIS IS A PERMANENT RECORD
 N. B.—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.
 MICHIGAN COLLEGE, COLUMBIANA, O.

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of York
 or
 City of _____

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

File No.—For State Registrar Only
9482

Registration District No. 44A Registered No. 58
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child Hunter Louise 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 March 31, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Alfred Thomason
 (9) PRESENT POSTOFFICE OF FATHER York SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Year)
 (12) BIRTHPLACE York Co SC
 (13) OCCUPATION Textile worker
 (20) Number of children born to mother, including present birth 1 6

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Presobey
 (15) PRESENT POSTOFFICE OF MOTHER York SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Year)
 (18) BIRTHPLACE York Co. SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:50 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philip W. Roberts
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York SC

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed April 10, 1922 (28) M. J. Walker 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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