

MARGIN RESERVED FOR BINDING.

THIS IS A PERMANENT RECORD. IT IS NOT TO BE DESTROYED. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR.

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. St. M.
 or
 Inc. Town of
 or Charleston
 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

File No.—For State Registrar Only
638

Registration District No. 20.9 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child Harry Thomas

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 2, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Arthur Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Elizabeth Green</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>North Charleston SC.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>North Charleston SC.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>Barnwell SC</u>	
(13) OCCUPATION <u>Conductor</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... born alive or stillborn... at 11:45 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) <u>Dr. H. H. Myers</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Charleston</u>
Given name added from a supplemental report		
(26) Witness (Signature of Witness necessary only when question 23 is signed by child)		
(27) Filed <u>Jan 20, 1923</u> (28) <u>C. F. Myers</u> 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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