

(1) PLACE OF BIRTH

County of Florence

Township of

or

Inc. Town of

or

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

Registration District No. 20-A

File No.—For State Registrar Only

4086

Registered No. 47
(For use of Local Registrar)(No. Sweeney St.; Ward)

(2) Full Name of Child

(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>13</u> <u>22</u> (Name of Month) (Day) (Year)
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FATHER.
8. FULL NAME M. H. Thomas9. PRESENT POSTOFFICE OF FATHER Sweeney10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 42 (Years)12. BIRTHPLACE Roanoke Va13. OCCUPATION Eng20. Number of children born to mother, including present birth 6MOTHER.
14. NAME BEFORE MARRIAGE Eda G. Galloway15. PRESENT POSTOFFICE OF MOTHER Bo16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 32 (Years)18. BIRTHPLACE Belford Va19. OCCUPATION Dom21. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife physician

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jul 6 1922 (28) C. C. Craft 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.