

IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Providence
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
19749

Registration District No. 3614 Registered No. 78
(For use of Local Registrar)
(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 29, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Thomas
(9) PRESENT POSTOFFICE OF FATHER Madison S.C.
(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 34
(Years)
(12) BIRTHPLACE Orangeburg S.C.
(13) OCCUPATION logging for saw mill
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bill Fogle
(15) PRESENT POSTOFFICE OF MOTHER Madison
(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 27
(Years)
(18) BIRTHPLACE Orangeburg S.C.
(19) OCCUPATION None
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Thomas
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Madison 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 July 2, 1932 (28) John Thomas 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.