

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

(1) PLACE OF BIRTH

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County of Orangeburg

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Limestone

35971

Inc. Town of

Registration District No. 3611 Registered No. 74

(For use of Local Registrar)

City of

(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 Emma Thomas If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE BIRTH Oct. 16 1922

(To be answered only in case of Twin or Triplets)

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Thomas(15) PRESENT POSTOFFICE OF MOTHER Orangeburg(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY (Years) 18(18) BIRTHPLACE Orangeburg Co(19) OCCUPATION Farm Laborer(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive (Both alive or stillborn) (Hour A. M. or P. M.) 12 a on the date above stated.(22) (Signature) Rachael Seeright(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

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Registrar

(25) Witness

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

(26) Oct 16 1922

(27)

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.