

## (1) PLACE OF BIRTH

County of Anderson

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

File No.—For State Registrar Only

20799

Registration District No. 3A Registered No. 224  
(For use of Local Registrar)(2) Full Name of Child Jerome Thomas If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married? Yes

7) DATE OF

BIRTH Jan 28, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Henry S. Thomas9) PRESENT POSTOFFICE OF FATHER Anderson10) COLOR OR RACE White11) AGE AT LAST BIRTHDAY 32  
(Years)12) BIRTHPLACE La13) OCCUPATION St. merchant20) Number of children born to mother, including present birth 16

## MOTHER.

14) NAME BEFORE MARRIAGE Ada Sanders15) PRESENT POSTOFFICE OF MOTHER Anderson16) COLOR OR RACE White17) AGE AT LAST BIRTHDAY 45  
(Years)18) BIRTHPLACE La19) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 8:45 M., on the date above stated. (Born alive or stillborn Hour M. or P.)(23) (Signature) L. B. [unclear]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

F. B. CRAYTON,

(27) Filed ..... 19 ..... (28) ANDERSON, S. C.

\*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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BUREAU OF COLUMBIA, COLUMBIA, S. C.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
TWO OR MORE BORN AT THE SAME TIME, use a SEPARATE BLANK FOR EACH CHILD, and mark the