

Form No. 1

(1) PLACE OF BIRTH  
 County of Lee  
 Township of Lynchburg  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
45741

Registration District No. 3002 Registered No. 3  
 (For use of Local Registrar)

2. Full Name of Child Marie Thomas } If child is not yet named, make supplemental report as directed

3.  BOY OR  GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH June 1, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 8. FULL NAME Frank Thomas  
 9. PRESENT POSTOFFICE OF FATHER Washington S.C.  
 10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Years)  
 12. BIRTHPLACE Florence Co. S.C.  
 13. OCCUPATION Farmer  
 20. Number of children born to mother, including present birth 3

**MOTHER.**  
 14. NAME BEFORE MARRIAGE Vina Lowrey  
 15. PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.  
 16. COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)  
 18. BIRTHPLACE Lee Co. S.C.  
 19. OCCUPATION Housewife  
 21. Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 ..... 9 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mariah Anderson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elliot S.C.

Given name added from a supplemental report  
 ....., 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1/8 1916 (28) J. F. McIntosh Local Registrar

WHITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT PAPER CARD. M.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make up the FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 5. McCRAW, CHICAGO, ILL.

\*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.