

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Lynchburg

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maria 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? (7) DATE OF BIRTH June 1, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Thomas(9) PRESENT POSTOFFICE OF FATHER Wilmington S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Florence Co. S.C.(13) OCCUPATION Farmer(14) 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(20) 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 3 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Maria Anderson

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

Midwife Clinton 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

*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 first month of pregnancy.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

46741

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

St.: Ward: