

## (1) PLACE OF BIRTH

County of

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

40918

Registration District No. 400

Registered No. 171

(For use of Local Registrar)

## (2) Full Name of Child

H. V. Thomas

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) ~~Single~~ or Triplet?

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

12, 31, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Charles A. Flake

(9) PRESENT POSTOFFICE OF FATHER

Sumner

(10) COLOR OR RACE

C/C

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Alabama

(13) OCCUPATION

Gardener

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

James William Murphy

(15) PRESENT POSTOFFICE OF MOTHER

Sumner

(16) COLOR OR RACE

C/C

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Alabama

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) .....

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

Sumner, SC

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed 1/8, 1923

(28)

John Cooper 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.

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