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1-21-52
CW

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
 (See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH
 County of Darlington Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. _____
 Township of _____
 or
 Inc. Town of _____
 or
 City of Darlington, S. C. (No. _____ St.: _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same and of street and number)

16 093483

FILE No.—For State Registrar Only
 00 012116

Registered No. _____
 (For use of Local Registrar)

2. FULL NAME OF CHILD Eugene Vedder Thatcher
 (If child is not yet named, make supplemental report as directed)

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature Full term <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>November 1st 1916</u> (Month, day, year)
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9. Full name FATHER
Eugene Vedder Thatcher
 10. Residence (mailing address)
 (If non-resident, give place and State) Darlington, S.C.
 11. Color or race White 12. Age at last birthday 25 (years)
 13. Birthplace (city or place)
 (State or country) Charleston, S.C.
 14. Trade, profession or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Cotton Buyer
 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Office
 16. Date (month and year) last engaged in this work _____
 17. Total time (years) spent in this work..... 19....

18. Name before MOTHER
 marriage Norma Davis
 19. Residence (mailing address)
 (If non-resident, give place and State) Darlington, S.C.
 20. Color or race White 21. Age at last birthday 24 (years)
 22. Birthplace (city or place)
 (State or country) Seivern, S.C.
 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....
 25. Date (month and year) last engaged in this work _____
 26. Total time (years) spent in this work..... 19....

27. Number of children of this mother
 (At time of birth and including this child (a) Born alive and now living. one (b) Born alive but now dead..... (c) Stillborn.....
 28. If stillborn, period of gestation..... { months weeks } 29. Cause of stillbirth..... { Before in/or..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10 o'clock A.M. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____
 (Date of) _____

(Signed Norma Davis Thatcher, Parent
 or _____, Guardian
 Address 22 Sway St Charleston, S.C.
 Filed 3-17, 1952 Thos. P. Lescroart
 Registrar. ike

Registrar.