

1) PLACE OF BIRTH

County of

City of

Town of

State of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

30497

Registration Number 1204

Registered No. 98

(For use by local Registrar)

Ward

Full Name of Child Robert W. Threath

by

FATHER

Bob. Threath

PRESENT
OFFICE
FATHER

Jefferson, S.C.

COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY

40

BIRTHPLACE

N. C.

OCCUPATION

Farmer

Number of children born to
mother, including present birth

Three

DATE OF
BIRTH

July 25, 1924

MOTHER

11 NAME BEFORE
MARRIAGE

Matiea Linnamiller

12 PRESENT
OFFICE
OF MOTHER

Jefferson, S.C.

13 COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY

30

18 BIRTHPLACE

S.C.

19 OCCUPATION

housewife

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

James L. Lacey
Mar. 18, 1924

(26) Witness

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

(27) Filed

19

(28)

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