

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McClary, of Columbia.

## (1) PLACE OF BIRTH

County of AikenTownship of Wardsor  
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

40640

Registration District No. 2/4 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Edward Thomas { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 1

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec 7 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Edison Edward Thomas

(9) PRESENT POSTOFFICE OF FATHER

Johnston, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE

Aiken Co.

(13) OCCUPATION

Farming

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Nellie Creed

(15) PRESENT POSTOFFICE OF MOTHER

Johnston, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE

Aiken Co.

(19) OCCUPATION

House-wife

(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 Born alive at 5:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. B. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MayoRidge Spring

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

1912

(28)

H. E. Darnick

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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