

(1) PLACE OF BIRTH

County of MarlboroTownship of Hebron

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

Registration District No. 330.4

File No.—For State Registrar Only

1985

Registered No. 164
(For use of Local Registrar)St. Ward(2) Full Name of Child Mary Thomas

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 28, 27

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Thomas(9) PRESENT POSTOFFICE OF FATHER Clarks(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 29

(Years)

(12) BIRTHPLACE SE(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie McMillen(15) PRESENT POSTOFFICE OF MOTHER Clarks(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE SE(19) OCCUPATION Labrer(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Midwife Catherine McQueen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 24, 1927(28) W. D. Wootley(29) 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.