Form No. 1

(1) PLACE OF BIRTH

County of Lincoln

Township of Lincolnton

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
19316

Registration District No. 3 Registered No. 80
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Thomas (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 24 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Thomas

(9) PRESENT POSTOFFICE OF FATHER Lincolnton N.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Lin Co N. C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Glover

(15) PRESENT POSTOFFICE OF MOTHER Lincolnton N.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Lin Co N. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marsh Anderson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Lincolnton N.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 7/8 1922

(28) J. T. Michaux
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.