

WHEN FORM NO. 10. MARGIN RESERVED FOR BINDING. McCaw, of Columbia. N. B. WHITE PLAINCY, WITH READING INSTRUCTIONS IN A CORNER. READ! N. B.—In case of TWINS OR TRIPLES use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**46180**

County of Monroe

Township of .....

or  
 Inc. Town of .....

or  
 City of Monroe

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

Registration District No. 20-A Registered No. ....  
 (For use of Local Registrar)

(2) Full Name of Child. Sarah Reese Thomas

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 3 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Harry Reese</u>			(14) NAME BEFORE MARRIAGE	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter St.</u>			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE	
(12) BIRTHPLACE <u>Florence Co.</u>			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(13) OCCUPATION <u>Gas fitter</u>			(18) BIRTHPLACE	
(20) Number of children born to mother, including present birth <u>One</u>			(19) OCCUPATION	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) [Signature]

(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 3 1916 (28) C. C. Craft, M.D. 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.

Registrar [Signature] Local Registrar

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