

## (1) PLACE OF BIRTH

County of Lalunah  
 Township of Amherst  
 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  
**39299**

Registration District No. 10-11 Registered No. 173  
 (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) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 12 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John S. Thomas  
 (9) PRESENT POSTOFFICE OF FATHER Jefferson St  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42  
 (12) BIRTHPLACE Berklee N.C.  
 (13) OCCUPATION Mill Operator  
 (14) Number of children born to mother, including present birth 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lura Welch  
 (15) PRESENT POSTOFFICE OF MOTHER Jefferson St  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION Mill Operator  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Palley Thomas (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jefferson St

Give name added from a supplemental report  
 .....  
 19.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)  
 (27) Filed Jan 7 1923 (28) H. P. Britton Local Registrar

When there was no attending physician or midwife, 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.