

(1) PLACE OF BIRTH

County of CapefieldTownship of Sharonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

32025

Registration District No. Registered No. 37

(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. Thomas Henry Bush Black If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Franklin Black(9) PRESENT POSTOFFICE OF FATHER Clinton S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Seaside County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Salie Elizabeth Smith(15) PRESENT POSTOFFICE OF MOTHER Clinton S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 49 (Years)(18) BIRTHPLACE Capefield Town(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. J. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Clinton S. C.

Given name added from a supplemental report

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

(27) Filed Nov 7 1923 (28) P. H. Smith 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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