

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
76381

(1) PLACE OF BIRTH
County of Charleston
Township of Int. Croghan
or
Inc. Town of
or
City of

Registration District No. 1205 Registered No. 102
(For use of Local Registrar)
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 { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 16, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. F. Thomas
(9) PRESENT POSTOFFICE OF FATHER Int. Croghan S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 6-5-
(Years)
(12) BIRTHPLACE Stanley co S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 1

MOTHER.
(14) NAME BEFORE MARRIAGE Elda Burgess
(15) PRESENT POSTOFFICE OF MOTHER Int Croghan S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
(Years)
(18) BIRTHPLACE Montgomery co S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 9. 4. 1916 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. F. Thomas (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Int. Croghan S.C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 191..... (28) J. F. Rivers 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Sav. of Columbia.