

## CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of

Chesterfield

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

Mt. Croghan

or

Inc. Town of

or

City of

Registration District No. 1206

Registered No. 102

(For use of Local Registrar)

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

(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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 16, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

J. T. Thomas

(9) PRESENT POSTOFFICE OF FATHER

Mt. 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

Mt. 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. T. Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Mt. 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. T. 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.

Caw. of Columbia.