

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort  
Township of St. Helena  
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  
**41041**

Registration District No. 624 Registered No. 199  
(For use of Local Registrar)

City of ..... (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 Arthur Thomas

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 one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 15 26  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Thomas

(14) NAME BEFORE MARRIAGE Julia Mack

(9) PRESENT POSTOFFICE OF FATHER Frogmore P.O.

(15) PRESENT POSTOFFICE OF MOTHER Frogmore P.O.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 36  
(Year)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29  
(Year)

(12) BIRTHPLACE Savannah Ga

(18) BIRTHPLACE Saxowill Place

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2 two

(21) Number of children of this mother now living, including present birth 2 two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10a M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Ebbes St Helena S.

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Frogmore P.O.

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

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

(27) Filed 1-24-17 19 .....

\*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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MOTHERS OF TWILIGHTS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.