

(1) PLACE OF BIRTH

County of BeaufortTownship of Burlingtonor
Inc. Town of Burlingtonor
City of Burlington

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

41013

Registration District No. 600 Registered No. 52
(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 John Thomas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 14-22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Tilman Thomas

(9) PRESENT POSTOFFICE OF FATHER Burlington S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Burlington S.C.

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bell Crowell

(15) PRESENT POSTOFFICE OF MOTHER Burlington S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Burlington S.C.

(19) OCCUPATION Farm Laborer

(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 alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louisa Mack(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Burlington 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 Dec. 14-22 (28) W. H. Brandt 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.