

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87705

County of Union
Township of Bugansville
or
Inc. Town of Registration District No. 4901 Registered No. 47
or
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 James Thomas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Nov. 27 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ernie Thomas
(9) PRESENT POSTOFFICE OF FATHER Jessville
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Union Co S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 7

MOTHER.
(14) NAME BEFORE MARRIAGE Carrie Thomas
(15) PRESENT POSTOFFICE OF MOTHER Jessville
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Union Co S.C.
(19) OCCUPATION House Work
(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Miller Davis
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

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 Dec 8 6 191..... (28) J. Boyd Lancaster 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.
Chav. of Columbia