

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of Bugansvilleor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87705

Registration District No. 4201 Registered No. 47

(For use of Local Registrar)

(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 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEEmmit Thomas(9) PRESENT
POSTOFFICE
OF FATHERJessville(10) COLOR
OR
RACEBlack(11) AGE AT LAST
BIRTHDAY 29
(Years)

(12) BIRTHPLACE

Union Co SC

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth{ 7 }

MOTHER.

(14) NAME BEFORE
MARRIAGECarrie Thomas(15) PRESENT
POSTOFFICE
OF MOTHERJessville(16) COLOR
OR
RACEBlack(17) AGE AT LAST
BIRTHDAY 28
(Years)

(18) BIRTHPLACE

Union Co SC

(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

(25) Address of Physician or Midwife

MidwifeGiven name added from a supplement-
tal report

....., 191.....

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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. THIS OFFICE, No. 2, etc., in question 5.
S. Car. of Columbia