

Form No. 1

## (1) PLACE OF BIRTH

County of BambergTownship of Midwayor  
Inc. Town of

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

48096

Registration District No. H.03 Registered No. H.

(For use of Local Registrar)

(2) Full Name of Child Lewis Reed 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>Feb. 3, 1916</u>
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(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Earnest Thomas(9) PRESENT POSTOFFICE OF FATHER Bamberg(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farm hand(16) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lena Johnson(15) PRESENT POSTOFFICE OF MOTHER Bamberg(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farm hand(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 H. 30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife

(24) State, whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Prossie McMillan

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

(27) Filed Feb. 9, 1916 (28) R. A. McMillan 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 1.