

No. 1

16 093586

(1) PLACE OF BIRTH

County of Fairfield
 Township of
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 1906 Registered No. 62
 (For use of Local Registrar)

File No.—For State Registrar Only

(2) Full Name of Child Ella Belle Thomas

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet?
 To be answered only in event of Twins or Triplets
 (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH aug 10 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Otis Thomas
 (9) PRESENT POSTOFFICE OF FATHER Ridgeway, S. C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary James
 (15) PRESENT POSTOFFICE OF MOTHER Ridgeway, S. C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION

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

(21) Number of children of this mother now living, including present birth { / }

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) Martha James(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filled 8/24 20 (28) L. E. Wooster
 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.