

(1) PLACE OF BIRTH

County of Adams
 Township of Aurea
 Inc. Town of
 City of

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

No. 42007 — For State Registrar Only

Registration District No. 3504

Registered No.
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward) 164

(2) Full Name of Child William Albert Thomas

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age at birth <u>Yes</u>	(7) DATE OF BIRTH <u>10/29/23</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>D.A. Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Lucile Kirby</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Aurea S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Aurea S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Year)		
(18) BIRTHPLACE <u>S.C.</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 a.m. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Thomas
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Aurea 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 11/10/23 (28) 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.

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