

## (1) PLACE OF BIRTH

County of KirklandTownship of Center

In Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3801

File No. - For State Registrar Only

8992

Registered No. 17

(For use of Local Registrar)

## (2) Full Name of Child

Preston Thomas

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

3) BOY OR GIRL?

Boy

4) Twin or Triplet?

To be answered only in event of Twin or Triplet

5) Number in order of birth

6) Are Parents Married?

yes

7) DATE OF BIRTH

Feb 17, 1922

(Name of Month) (Day) (Year)

## FATHER

8) FULL NAME

Lomgren Thomas

9) PRESENT POSTOFFICE OF FATHER

Stoway 80

10) COLOR OR RACE

W

11) AGE AT LAST BIRTHDAY

20

(Years)

12) BIRTHPLACE

Kirkland Co 80

13) OCCUPATION

Farm Hand

## MOTHER

14) NAME BEFORE MARRIAGE

Jennie Outon

15) PRESENT POSTOFFICE OF MOTHER

Stoway 80

16) COLOR OR RACE

W

17) AGE AT LAST BIRTHDAY

20

(Years)

18) BIRTHPLACE

Kirkland Co 80

19) OCCUPATION

Home Wife

20) Number of children born to mother, including present birth

1

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

Aliveat 6 A.M. on the date above stated.

(Born alive or stillborn)

(Hour A.M. or P.M.)

(23) Signature

Mable Owen

(24) State whether "Physician or Midwife"

(25) Address of Physician or Midwife

MidwifeStoway 80

Give name added from a supplemental report

(26) Witness

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

(27) Registrar

Feb 23 1922K. S. Q. H. H. H.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.