

## (1) PLACE OF BIRTH

County of WilliamsTownship of Richmanor  
Inc. Town of .....or  
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

92094

Registration District No. 4-203Registered No. 5-3

(For use of Local Registrar)

(2) Full Name of Child Mary Thomas

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 8  
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 31

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John William(9) PRESENT POSTOFFICE OF FATHER Parish(10) COLOR OR RACE Blk(11) AGE AT LAST BIRTHDAY 34

(Years)

(12) BIRTHPLACE S.E.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Luber(15) PRESENT POSTOFFICE OF MOTHER Parish(16) COLOR OR RACE Blk(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE S.E.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alvin

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

Given name added from a supplemental report

(26) Witness John Williams  
(Signature of Witness necessary only when Question 23 is signed by mark)(27) Filed Jan 2 1917 (28) PHD 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.