

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Lowndes
 or
 Inc. Town of

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

Registration District No. 360

No. for this registration
22059

Registered No. 36
 (For use of Local Registrar)

City of (No.) Ward
 (If birth occurs in a hospital or other institution, give name of institution instead of street and number.)
 (2) Full Name of Child Orlando Thomas (If child is not yet named, make supplemental report as directed)

(1) SEX OR CHILD <u>boy</u>	(4) Type or Figure <u>To be answered only in event of Twin or Triple</u>	(5) Number in order of birth	(6) Date of birth <u>Jan 13 1922</u>
(3) FATHER FULL NAME <u>Orlando Thomas</u> PRESENT RESIDENCE OF FATHER <u>Brooman St</u> COLOR OR RACE <u>Black</u> BIRTHPLACE <u>S.C.</u> OCCUPATION <u>Labour</u> Number of children born to mother, including present birth <u>2</u>		(7) MOTHER NAME BEFORE MARRIAGE <u>Geneva Glenn</u> PRESENT RESIDENCE OF MOTHER <u>Brooman St</u> COLOR OR RACE <u>Black</u> BIRTHPLACE <u>S.C.</u> OCCUPATION <u>Domestic</u> Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Lowndes St

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 22 is signed by mark)

(27) Filed

(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.