

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.  
Register or Registrar, Columbia, S. C.

(1) PLACE OF BIRTH

County of Orange  
Township of Tusculum  
or  
Inc. Town of Westminster  
City of Westminster  
(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

No. 42031—for State Registrar Only

Registration District No. 3505 Registered No. 157  
(For use of Local Registrar)

(2) Full Name of Child Maria Thomas (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Girl (4) Type of Triplet No (5) Number in order of birth 1st (6) Age of Mother 28 (7) DATE OF BIRTH June 4, 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME John White  
(9) PRESENT RESIDENCE OF FATHER Westminster, S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Year)  
(12) BIRTHPLACE SC  
(13) OCCUPATION

MOTHER.  
(14) NAME BEFORE MARRIAGE Agnes Thomas  
(15) PRESENT RESIDENCE OF MOTHER Westminster, S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Year)  
(18) BIRTHPLACE Orange Co, S.C.  
(19) OCCUPATION Domestic

(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 born alive 3:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Betty Thomas  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Westminster, S.C.

Given name added from a supplemental report  
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Sept. 15, 1923  
(27) Dr. J. H. Skell (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.