

N. B.—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 5.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of CalhounTownship of Pine Groveor
Inc. Town of Lone Star S.C.or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annalia 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 1

To be answered only in case of Twins or Triplets

(6) Are Yes Parents Married?(7) DATE OF BIRTH June 23 1916

(None of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nelson Thomas(9) PRESENT POSTOFFICE OF FATHER Fort Motte S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Lone Star S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Brunson(15) PRESENT POSTOFFICE OF MOTHER Fort Motte S.S.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Fort Motte S.C.(19) OCCUPATION Housewife(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 at 4 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Rachel Wright(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fort Motte S.C.

Given name added from a supplemental report

Registrar

(26) Witness Mrs. J. D. Stoudemire (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 30 1916 (28) J. D. Stoudemire 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. 63334 For State Registrar OnlyRegistration District No. 803 Registered No. 45

(For use of Local Registrar)