

## (1) PLACE OF BIRTH

County of MarionTownship of Marionor  
Inc. Town ofor  
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

44912

Registration District No. 4207 Registered No. 111

(For use of Local Registrar)

St.: \_\_\_\_\_ Ward:

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

(3) BOY OR GIRL?

(4) TWINS or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 4(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 8 1915  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Thomas(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Union County(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Gilliam(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Union County(19) OCCUPATION Labourer(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Gilliam

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

Given name added from a supplemental report

, 191....

Registrar

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

(27) Filed Dec 12 1915 (28) J. G. Sarrett 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.

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MAKING INDENTURE FOR BIRTHING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

WHEN 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.

N. B. McGraw, of Columbia.