

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the County of Columbia.

(1) PLACE OF BIRTH  
 County of Orangeburg  
 Township of Union  
 or  
 Inc. Town of \_\_\_\_\_  
 of \_\_\_\_\_  
 City of \_\_\_\_\_

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

File No. For State Registrar Only  
**50171**

Registration District No. 3616 Registered No. 6  
 (For use of Local Registrar)  
 (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 2nd 1916  
To be answered only in event of Twin or Triplet's (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME William E. Thomas  
 (9) PRESENT POSTOFFICE OF FATHER R. F. D. Cope  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Orangeburg Co.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth One

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Ethel Menden  
 (15) PRESENT POSTOFFICE OF MOTHER Same as father.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Orangeburg Co.  
 (19) OCCUPATION Farmers wife  
 (20) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was also at 6 a. m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Geo. H. Walter M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg

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 Feb. 12. 1916 (28) R. K. Hoener 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.