FORM NO. 2.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
53055

(1) PLACE OF BIRTH

County of Abbeville S.C.

Township of Cotheans Mills

or

Inc. Town of ..... Registration District No. 102 Registered No. 45 (For use of Local Reistrar)

or

City of ..... (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 Maggie Thomas — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	One	2	Yes	Sept 28 (Name of Month) ___ (Day) 1915 (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Hogan Thomas	(14) NAME BEFORE MARRIAGE	Lula Fatum
(9) PRESENT POSTOFFICE OF FATHER	Mt Carmel S C	(15) PRESENT POSTOFFICE OF MOTHER	Mt Carmel S C
(10) COLOR OR RACE	Negroe	(16) COLOR OR RACE	Negroe
(11) AGE AT LAST BIRTHDAY (Years)	23	(17) AGE AT LAST BIRTHDAY (Years)	23
(12) BIRTHPLACE	Abbeville Co S C	(18) BIRTHPLACE	near Mt Carmel S C
(13) OCCUPATION	Farming	(19) OCCUPATION	House Wife
(20) Number of children born to mother, including present birth	Two	(21) Number of children of this mother now living, including present birth	Two

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Donaldson Midwife

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Mt Carmel S C

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness J. F. Sutherland (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 5 1915 (28) W. D. Sutherland 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.

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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia