

By Adoption

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. G-2

FILE No.—For State Registrar Only

6273.2

1. PLACE OF BIRTH

County of Charleston

Township of _____

or
Inc. Town of _____or
City of _____

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

JACK ROGERS THURBERRegistered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

(If child is not yet named, make supplemental report as directed)

3. Boy or Girl

BOY11. Plural
births

4. Twins, triplets or other _____

6. Premature _____

7. Are Parents _____

8. Date of
birthMarch 12, 1923

5. Number, in order of birth _____

Full term _____

Married? YES

(Month, day, year)

9. Full
name**FATHER**Charles Hopkins Thurber18. Name before
marriage**MOTHER**Marion Spinner

10. Residence (mailing address)

(If non-resident, give place and State)

Charleston, S.C.

19. Residence (mailing address)

(If non-resident, give place and State)

Charleston, S.C.

11. Color or race

White12. Age at child's birth 34 (years)

20. Color or race

White21. Age at child's birth 28 (years)13. Birthplace (city or place)
(State or country)Jacksonville, Fla.22. Birthplace (city or place)
(State or country)Clifton Forge, Va.

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
lawyer, bookkeeper, etc.Atlantic CoastRwy. Eng.15. Industry or business in which
work done, as silk mill,
cannery, bank, etc.16. Date (month and year last)
engaged in this work

19____

17. Total time (years)
spent in this work

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Housewife24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work

19____

26. Total time (years)
spent in this work27. Number of children of this mother
(At time of birth and including this child)(a) Born alive and now living 1

(b) Born alive but now dead _____

(c) Stillborn _____

28. If stillborn,

period of gestation _____

months

weeks

29. Cause of stillbirth _____

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date.
(Name of Prophylactic)Cleft Palate _____ Hare Lip _____ Other Deformities _____
(Specify)(When there was no attending physician
or midwife, then the father, householder
etc., should make this return.)Given name added from
a supplementary report _____

(Date of)

(Signed) Charles Hopkins Thurber Father.or Marion Spinner Thurber Mother.Address 57 West 10th St. CharlestonFiled 1-27 1922 Th. B. Young

Registrar.