

MARGIN RESERVED FOR BINDING.

WRITE 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.

MOCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Northampton*  
 Township of *H. of the*  
 or  
 Inc. Town of .....  
 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 *Therinda Hall Lorton* (If child is not yet named, make supplemental report as directed)

|                             |  |                              |                                   |   |
|-----------------------------|--|------------------------------|-----------------------------------|---|
| (3) BOY OR GIRL? <i>Boy</i> | (4) Twin or Triplet? <i>To be answered only in case of Twins or Triplets</i> | (5) Number in order of birth | (6) Are Parents Married? <i>Y</i> | (7) DATE OF BIRTH <i>Oct 5 1916</i><br>(Name of Month) (Day) (Year) |
|-----------------------------|--|------------------------------|-----------------------------------|---|

| FATHER.  |   | MOTHER.   |  |
|--|---|---|--|
| (8) FULL NAME <i>H. L. Lorton</i>  | (14) NAME BEFORE MARRIAGE <i>Lucile Thimackhall</i>                                 | (9) PRESENT POSTOFFICE OF FATHER <i>Lima Okla</i> | (15) PRESENT POSTOFFICE OF MOTHER <i>Lima Okla</i> |
| (10) COLOR OR RACE <i>White</i>  | (11) AGE AT LAST BIRTHDAY <i>35</i>   | (16) COLOR OR RACE <i>White</i>                   | (17) AGE AT LAST BIRTHDAY <i>34</i>                |
| (12) BIRTHPLACE <i>Hampton Va</i>  | (18) BIRTHPLACE <i>Greenville Okla</i>  | (13) OCCUPATION <i>Saw Mill</i>                   | (19) OCCUPATION <i>Housewife</i>                   |
| (20) Number of children born to mother, including present birth <i>6</i> | (21) Number of children of this mother now living, including present birth <i>6</i> |   |  |

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. H. H. ...*  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed *Oct 15 1916* (28) *H. E. Jackson* 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.