

Form No. 1

(1) PLACE OF BIRTH

County of Rock

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3004

File No. — For State Registrar Only

7647Registered No. 14
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Matthew Thornton

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year) Sept 10 1923

FATHER.

(8) FULL NAME Matthew Thornton

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White

(11) BIRTHPLACE

(12) OCCUPATION Farming(13) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian King

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White

(17) BIRTHPLACE

(18) OCCUPATION Farming(19) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was born alive at 3:00 P. M., on the date above stated. Born alive or stillborn Hour A. M. or P. M.)(21) (Signature) Henry Rogers

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife 4 Charles St.

(24) Given name added from a supplemental report

(25) Witness

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

(26) Filed March 22 1923(27) Newton Cannon 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.