

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

MEGAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Union
Township of
or
Inc. Town of
or
City of Union Maule'sessa
(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

File No.—For State Registrar Only
20376

Registration District No. 42-A Registered No. 74
(For use of Local Registrar)

(2) Full Name of Child Boyblethorpe St.; Ward)
(If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/13/22
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Henry L. Thorne
9) PRESENT POSTOFFICE OF FATHER Union S.C.
10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28 (Year)
12) BIRTHPLACE Charlotte N.C.
13) OCCUPATION Mill operator
20) Number of children born to mother, including present birth 12

MOTHER.
14) NAME BEFORE MARRIAGE Bell Barneff
15) PRESENT POSTOFFICE OF MOTHER Union S.C.
16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19 (Year)
18) BIRTHPLACE Charleston S.C.
19) OCCUPATION Domestic
21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 29 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Montgomery
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report
L. A. Piser, M.D.
8/25/43 19 43
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7-10-22 (28) J. G. Farrell
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.

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