

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of .....  
 or  
 City of R. F. W. (No. .... St.; .... Ward)  
 (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

26294

Registration District No. 2209A Registered No. 352  
 (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

Male

4 Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 1. 2. 7. 19. 32  
 (Name of Month) (Day) (Year)

## FATHER.

10 FULL NAME

Henry A. Thornhill

11 PRESENT POSTOFFICE OF FATHER

R. F. W. Greenville

(12) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

25  
 (Years)

(12) BIRTHPLACE

Term.

(13) OCCUPATION

mill work

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Hill

(15) PRESENT POSTOFFICE OF MOTHER

R. F. W. Greenville S.C.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

19  
 (Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

mill + housework

(20) Number of children born to mother, including present birth

125

(21) Number of children of this mother now living, including present birth

125

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys.Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dep. S.

(28)

A. H. Mackay

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.