

PLACE OF BIRTH
COUNTY OF ...
TOWN OF ...
CITY OF ...
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child John William Henry

(1) SEX B (2) AGE 2 (3) DATE OF BIRTH 9/13/23

FATHER: (1) NAME George W. Thurgut (2) PRESENT ADDRESS Rock Hill S.C. (3) COLOR W (4) AGE AT LAST BIRTHDAY 28 (5) BIRTHPLACE York Co. S.C. (6) OCCUPATION Farmer
MOTHER: (1) NAME Effie M. Whisman (2) PRESENT ADDRESS P.N. # 5 (3) COLOR W (4) AGE AT LAST BIRTHDAY 28 (5) BIRTHPLACE Morganston N.C. (6) OCCUPATION Dom

(7) Number of children born to mother, including present birth 2
(8) I hereby certify that I attended the birth of this child, who was ... on the date above stated.
(9) (Signature) David L. Lyle
(10) State whether Physician or Midwife
(11) Address of Physician or Midwife

Given name added from a supplemental report
(12) Witness (Signature of Witness necessary only when question 12 is signed by mark)
(13) Signed 9/13/23 (14) James

When there is no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.
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