

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.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Spartanburg</u></p> <p>Township of</p> <p>or</p> <p>Inc. Town of.....</p> <p>or</p> <p>City of</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>				<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>20068</p>
<p>(2) Full Name of Child <u>Thorne</u></p>				<p>Registration District No. <u>40-0</u> Registered No. <u>260</u></p> <p>(For use of Local Registrar)</p> <p>(No. <u>224 N. Henry</u> St.; Ward)</p> <p>If child is not yet named, make supplemental report as directed</p>		
<p>(3) BOY OR GIRL? <u>Girl</u></p>	<p>(4) Twin or Triplet? <u>No</u></p> <p>To be answered only in event of Twins or Triplets</p>	<p>(5) Number in order of birth <u>2</u></p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>May 26, 1922</u></p> <p>(Name of Month) (Day) (Year)</p>		
<p>FATHER.</p>			<p>MOTHER.</p>			
<p>(8) FULL NAME <u>J. E. Thorne</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>Oliver Thornefield</u></p>			
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg, S.C.</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg, S.C.</u></p>			
<p>(10) COLOR OR RACE <u>W</u></p>			<p>(16) COLOR OR RACE <u>W</u></p>			
<p>(11) AGE AT LAST BIRTHDAY <u>27</u></p> <p>(Years)</p>			<p>(17) AGE AT LAST BIRTHDAY <u>19</u></p> <p>(Years)</p>			
<p>(12) BIRTHPLACE <u>S.C.</u></p>			<p>(18) BIRTHPLACE <u>W.C.</u></p>			
<p>(13) OCCUPATION <u>Carpenter</u></p>			<p>(19) OCCUPATION <u>Housewife</u></p>			
<p>(20) Number of children born to mother, including present birth <u>2</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>2</u></p>			
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>						
<p>(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2-30</u> P. M., on the date above stated. (Born alive or stillborn) (Hour * M. or P. M.)</p>						
<p>(23) (Signature) <u>J. O. Coan, M.D.</u></p>						
<p>(24) State whether Physician or Midwife</p>						
<p>(25) Address of Physician or Midwife <u>Spartanburg, S.C.</u></p>						
<p>Given name added from a supplemental report</p>			<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p>			
<p>....., 19..... Registrar</p>			<p>(27) Filed <u>7-1-22</u> (28) <u>Jas. Copes</u> Local Registrar.</p>			
<p>*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.</p>						
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MACAW OF COLUMBIA, COLUMBIA, S. C.

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