

## (1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 11.—For State Registrar Only

41409 X

 County of Black  
 Township of Black  
 Inc. Town of .....  
 or  
 City of .....

 Registration District No. 310.A Registered No. 65  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

 (3) SEX girl (4) Twin or Triplet No (5) Number 1 (6) In 23 (7) DATE OF BIRTH Oct. 30, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

 (8) FULL NAME Carl Thornton  
 (9) PRESENT POSTOFFICE OF FATHER Norfolk, Va.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
 (12) BIRTHPLACE Ill. Man. Ill.  
 (13) OCCUPATION

## MOTHER.

 (14) NAME BEFORE MARRIAGE Faye Hall  
 (15) PRESENT POSTOFFICE OF MOTHER Laurel  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
 (18) BIRTHPLACE Ill. Man. Ill.  
 (19) OCCUPATION Stays at home farmer's wife  
 (20) Number of children of this mother now living, including present birth One Only

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 (22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

 (23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

 (27) Filed Dec. 10, 1923 (28) G. C. Gantt 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.