(1) PLACE OF BIRTH

County of Darlington

Township of Swift Creek

or

Inc. Town of .....

or

City of ..... (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
59674

Registration District No. 1511 Registered No. .....
(For use of Local Registrar)

(2) Full Name of Child Ruth Estelle Thornal

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? No

(5) Number in order of birth X
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH April 14, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas. Minton Thornal

(9) PRESENT POSTOFFICE OF FATHER Hartsville, S.C. R3

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Lee Co. S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Smith

(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C. R3

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Lexington Co S.C.

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:20 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. M. Leath M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Darling Tn. S.C.

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

(27) Filed April 24, 1916. (28) C. A. Early
Local Registrar.

Given name added from a supplemental report

....., 191....

.....
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.

fifth month of pregnancy.