

(1) PLACE OF BIRTH,

County of Marion

Township of Marion

or
Inc. Town of

or
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

Davis Thonburg

11283

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

Registration District No. 3247

Registered No. 13
(For use of Local Registrar)

(3) SEX OF CHILD Boy (4) Type or Trade Is in general only in case of Trade or Occupation (5) Number in order of birth yes (6) DATE OF BIRTH March 17, 1927
(Name of Month Day Year)

FATHER.
(8) FULL NAME James Thonburg
(9) PRESENT POST OFFICE OF FATHER Marion S.C.
(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 23 (Year)
(12) BIRTHPLACE Marion Co S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Caty Harnin
(15) PRESENT POST OFFICE OF MOTHER Marion S.C.
(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE Marion S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sabra J. J. J.
(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 11, 1927 (28) J. L. Dill 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.