

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

90058

Township of Lehick Spring

or
Inc. Town of

Registration District No. 2204

Registered No. 120

(For use of Local Registrar)

City of

(No.)

St.;

Ward)

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

(2) Full Name of Child Thomas Samuel Thornton

Child is not yet named, make
a supplemental report as directed

(3) BOY OR
GIRL? Boy

(4) Twin
or Triplet? 3

(5) Number in
order of birth

To be answered only in event of twins or triplets

(6) Are
Parents
Married? Yes

(7) DATE OF
BIRTH Dec 16

(Name of Month) (Day) (Year) 1918

FATHER.

MOTHER.

(8) FULL
NAME W. S. Thornton

(14) NAME BEFORE
MARRIAGE Blanche Taylor

(9) PRESENT
POSTOFFICE
OF FATHER Greer S.C.

(15) PRESENT
POSTOFFICE
OF MOTHER Greer S.C.

(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 35
(Years)

(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 36
(Years)

(12) BIRTHPLACE
Spartanburg S.C.

(18) BIRTHPLACE
Spartanburg S.C.

(13) OCCUPATION
Medical Operative

(19) OCCUPATION
Domestic

(20) Number of children born
mother, including present birth 1

(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Greer S.C.

Given name added from a supplement-
tal report

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

(27) Filed Jan 5 1918 (28) [Signature]
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.

* 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.

FIRST-BORN, No. 1, THIS OTHER, No. 2, ETC., IN QUESTION 5.
McRAW, of Columbia.

Mc