

PLACE OF BIRTH

County of Florence

Township of .....

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 20-A

No. 3807

Registered No. 76  
(For use of Local Registrar)

(No. of Ward)

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

(1) Full Name of Child Bert Lee Thornley If child is not yet named, make supplemental report as directed

(2) SEX Male (3) TIME OF BIRTH 13:13 (4) DATE OF BIRTH Feb. 13, 1923  
(Name of Month) (Day) (Year)

FATHER

(5) FULL NAME Bert Lee Thornley  
(6) PRESENT RESIDENCE OF FATHER Florence S C  
(7) COLOR OR RACE white (8) AGE AT LAST BIRTHDAY 32 (Year)  
(9) BIRTHPLACE Charleston S C  
(10) OCCUPATION Insurance  
(11) Number of children born to mother, including present birth

MOTHER

(12) NAME BEFORE MARRIAGE Adelle Sophronia Luma  
(13) PRESENT RESIDENCE OF MOTHER Florence S C  
(14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 29 (Year)  
(16) BIRTHPLACE Darlington S C  
(17) OCCUPATION House wife  
(18) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive at 11:15 P.M. on the date above stated.

(20) Signature of Physician or Midwife [Signature] (21) Address of Physician or Midwife

When there was a stillbirth, the report is directed of stillbirth or preparation.