

(1) PLACE OF BIRTH

County of Anderson

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71198

Registration District No. 34 Registered No. 298
(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Paula Thorsley } If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ OR GIRL? (4) ~~Twin~~ or Triplet? (5) Number in order of birth 10 (6) Are Parents Married? Y (7) DATE OF BIRTH Aug 14 1914
(Name of Month) (Day) (Year)
To be answered only in event of twins or triplets

FATHER.

(8) FULL NAME James Thorsley

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE Ga

(13) OCCUPATION mill

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret LaCount

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE Ga

(19) OCCUPATION dress

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. ...

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

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 191..... (28) J. B. ... 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.

Local Registrar

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MCCRAY of Columbia