

1) PLACE OF BIRTH

County of Saluda

Township of

or

Ac. 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 William Earl Thrall child is not yet named, make supplemental report as directed

3) BOY OR GIRL boy (4) Twin or Triplet one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 16, 1923
(Name of Month) (Day) (Year)

FATHER.
1) FULL NAME Carl Thrall
2) PRESENT POSTOFFICE OF FATHER Saluda SC
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
12) BIRTHPLACE Saluda Co SC
13) OCCUPATION Merchant
20) Number of children born to mother, including present birth one

MOTHER.
14) NAME BEFORE MARRIAGE Lida Lewis
15) PRESENT POSTOFFICE OF MOTHER Saluda SC
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
18) BIRTHPLACE Galvants Ferry SC
19) OCCUPATION Clerk of Government
21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) S. M. Pitts - M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report

David J. Dawalds
Reg. 4.2... 1923
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 9, 1923 (28) Main Grant
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.

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

File No. - For State Registrar Only
30034

Registration District No. 390.3 Registered No. 49
(For use of Local Registrar)