

WHEN PLAINLY UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark it
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.
 Cav. of Columbia

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

(1) PLACE OF BIRTH
 County of Landon
 Township of Professorsville
 or
 Inc. Town of
 or
 City of Buffalo, S.C.
 (If birth occurred in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
79555

Registration District No. 42 B Registered No. 66
 (For use of Local Registrar)

St.: Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in event of Twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 28, 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Wm Marshall Thornton</u> FATHER.		(14) NAME BEFORE MARRIAGE <u>Joshua May Roberts</u> MOTHER.		
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo, S.C.</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Spartanburg Co. S.C.</u>		(18) BIRTHPLACE <u>Haywood Co. S.C.</u>		
(13) OCCUPATION <u>Welder, Cat. mill.</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:50 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report 191.....

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

(27) Filed Sept. 1, 1916 (28) J. L. Woodward 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.