

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

(1) PLACE OF BIRTH

County of Landon

Township of Boydsville

or  
Inc. Town of  
or  
City of Buffalo

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

79555

(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? To be answered only in event of twins or triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Aug. 28, 1916</u>
FATHER			MOTHER	
(8) FULL NAME <u>Wm Marshall Thornton</u>			(14) NAME BEFORE MARRIAGE <u>Sarah May Roberts</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo, SC</u>	
(10) COLOR OR RACE <u>N</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>N</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Spokaneburg Co. SC</u>			(18) BIRTHPLACE <u>Waywood Co. SC</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 or stillborn, on the date above stated.

(23) (Signature) [Signature] (Hour A. M. or P. M.) 2:50 P.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Sept 1 1916 (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.