

## (1) PLACE OF BIRTH

County of Charleston S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No. - For State Registrar Only  
**27373**

Township of .....

OF  
Inc. Town of .....OF  
(City of .....Registration District No. 9ARegistered No. ....  
(For use of Local Registrar)(No. 443 Meeting St St. 10 Ward)

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

(2) Full Name of Child Jacob Julius Thormal

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Sept 19 1923  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John James Thormal

(9) PRESENT POSTOFFICE OF FATHER

443 Meeting St Charleston S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 53  
(Year)

(12) BIRTHPLACE

Florence S.C.

(13) OCCUPATION

Section Foreman on R.R.

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

11

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emmie C. Nesbit

(15) PRESENT POSTOFFICE OF MOTHER

443 Meeting St Charleston S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 38  
(Year)

(18) BIRTHPLACE

Sumpter S.C.

(19) OCCUPATION

House wife

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

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 5 ft 12 in. at 3 P.M.  
on the date above stated. (Born alive or stillborn) (Four A. M. or P. M.)(22) (Signature) Midwife Amelia A. Jones

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

31 Cent St Charleston S.C.

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed

251923

(27)

Local Registrar

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