

Orig

1 PLACE OF BIRTH
 STATE OF TEXAS
 County of Fire Oak
 City or Precinct No. Wmsauder Ranch 10 mi. N. St. St.
 If in an Institution, give name of Institution instead of Street and No.
 Register No. 79

TEXAS STATE DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

72182

2 FULL NAME OF CHILD Mary Maxine Thornton
 If child is not yet named, make supplemental report, as directed
 3. Sex Female If plural births None
 4. Twin, triplet, or other None
 5. Number, in order of birth 1
 6. Premature Full term
 7. Legitimate yes
 8. Date of birth Sept 17 1932
 (Month, day, year)

9. Full name of FATHER <u>Desha Thornton</u>		18. Full maiden name of MOTHER <u>Maggie Sterberg</u>	
10. Residence (usual place of abode) (If nonresident, give place and state) <u>George West, Tex</u>		19. Residence (usual place of abode) (If nonresident, give place and state) <u>George West, Tex</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>42</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>37</u> (years)
13. Birthplace (city or place) (State or country) <u>Tex</u> <u>Texas</u>		22. Birthplace (city or place) (State or country) <u>Texas</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmed</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
16. Date (month and year) last engaged in this work <u>Aug 1932</u>	17. Total time (years) spent in this work <u>Unknown</u>	25. Date (month and year) last engaged in this work <u>Aug 1932</u>	26. Total time (years) spent in this work <u>Several Months</u>
27. Number of children of this mother (At time of this birth and including this child) <u>10</u>		(a) Born alive and now living <u>9</u>	(b) Born alive but now dead <u>1</u>
28. If stillborn, period of gestation { months or weeks		29. Cause of stillbirth	
		{ Before labor During labor	

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date stated above.

(Signature) H. S. Miller
 (Physician or Midwife)

Give name added from a supplemental Address George West, Texas

Report _____, 19 _____
 (23) FILED Sept 19 1932 Paul S. Brown
 REGISTRAR Registrar.

(24) Were prophylactic precautions taken at time of birth to prevent ophthalmia neonatorum? Yes ✓ No

When more than one child is born, file a certificate for each child and fill items 4 and 5 carefully. For a stillbirth file both birth and death certificate.

