## TEXAS STATE BOARD OF MEDICAL EXAMINERS

STATE OF



TEXAS

This certifies that	ILLIAM THURNTON, M.D.		
Is authorized to practice	Medicine and Surgery	in the State of Texas	
This License is granted upon RECIPROCITY WITH NORTH CAROLINA			
Given under the hands and	seal of the Texas State Bo	ard of Medical Examiners	
Thisl0th_	_day ofJUNE	19_75	
Hodarte MSTACP	L.B. Balland, D.O.	Mospue 200	
President Walmanzzi, D.	For T. Gilbert, M. G.	Robert B. Sarria, m. 5.	
Carlos D. Godinez m.O.	M. Aleraly mo	Max C. Butle M.D.	
Ma lalabour M	Mand O Micho racs.	Charley E loyong mil	

## STATE OF TEXAS Galveston I HEREBY CERTIFY that this License Certificate of William Thornton together with his age, postoffice address, place of birth, college of graduation in medicine, date of said graduation, and school of practice to which he professes to belong, subscribed and verified by his oath, is duly registered in book\_ \_\_\_, Medical Register of\_ **Galveston** Given under my hand and seal of office at Texas this 29th day of July V J BENINATI, JR. Galveston Clerk of the District Court of\_ County, Texas. By Jeannie Apffel Jeannie Apffel Deputy.

STATE OF TEXAS		
County of		
I HEREBY CERTIFY that this License Certificate of		
DOCTOR		
together with age, postoffice address, place of birth, college of graduation in medicine, date of said graduation, and school of practice to which he professes to		
belong, subscribed and verified by his oath, is duly registered in book,		
page No, Medical Register ofCounty, State of Texas.		
Given under my hand and seal of office at,		
, this, A. D. 19		
Clerk of the District Court ofCounty, Texas.		
By, Deputy.		

STATE OF TEXAS
County of
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Given under my hand and seal of office at
, thisday of, A. D. 19
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By, Deputy.
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\_\_\_\_\_, Medical Register of\_\_\_

Clerk of the District Court of\_\_\_\_

\_, Deputy.

Given under my hand and seal of office at\_

page No.\_\_\_\_\_State of Texas.