

FORM NO. 1.

(1) PLACE OF BIRTH

County of Thurgood

Township of Jeffrey

or
Inc. Town of

City of

(If birth occurs 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

45211

Registration District No. 2007 Registered No. 112

(For use of Local Registrar)

(2) Full Name of Child David Horn

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

(3) BOY OR GIRL male (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Jan 10 1916

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE Julia Gregg

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Florence S. B. Horn

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE (near) Laurens, S.C.

(13) OCCUPATION

(19) OCCUPATION Field Hand

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte L. Harrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Laurens, S.C.

Given name added from a supplemental report

(26) Witness Mrs. Jno. P. Gregg

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

(27) Filed Jan 13 1916 (28) Mrs. Jno. P. Gregg 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.

Deputy

MARGIN RESERVED FOR BINDING
WHITE 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.
McCaw of Columbia