

(1) PLACE OF BIRTH

County of Spokane
 Township of 25
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

9129

Registration District No. 400Registered No. 3N
(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child Louise Horton

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Feb 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Horton(9) PRESENT POSTOFFICE OF FATHER Welford SC(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Cox(15) PRESENT POSTOFFICE OF MOTHER Danville(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housework(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Mene

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Danville

Given name added from a supplemental report

(26) Witness

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

(27) Filed 22

(28) 1922

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.

Before the fifth month of pregnancy.