(1) PLACE OF BIRTH

County of Anderson

Township of Hawes

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 316 Registered No. 3

(For use of Local Registrar)

File No.—For State Registrar Only

9110

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Horace

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 —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Feb 9 1922 (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME: Son Porter

(9) PRESENT POSTOFFICE OF FATHER: Pendleton S C R#1

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: S. C.

(13) OCCUPATION: Farming

(20) Number of children born to mother, including present birth: 5

MOTHER.

(14) NAME BEFORE MARRIAGE: Mary Sentell

(15) PRESENT POSTOFFICE OF MOTHER: Pendleton S C R#1

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: S C,

(19) OCCUPATION: Housewife.

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Allgood

(24) State whether Physician or Midwife: Phys

(25) Address of Physician or Midwife: Liberty, S C R#2

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/10 19 22 (28) W L Casey

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.

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