

Form No. 3

## (1) PLACE OF BIRTH

County of WayTownship of Richland

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

42989

Registration District No. 2506Registered No. 114  
(For use of Local Registrar)(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 Robin Quisley

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 9  
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec 1 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Cornelius Gray Horner

(9) PRESENT POSTOFFICE OF FATHER

Green Sea S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41  
(Years)

(12) BIRTHPLACE

Gradell C.O.C.

(13) OCCUPATION

Farmer

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

{ .....

## MOTHER.

(14) NAME BEFORE MARRIAGE

Addie Susan Keller

(15) PRESENT POSTOFFICE OF MOTHER

Green Sea S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

41  
(Years)

(18) BIRTHPLACE

Gradell C.O.C.

(19) OCCUPATION

House Wife

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

{ 8 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:00 M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. D. Davis M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Saline S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 14 1922

(28)

E. D. Appin

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.