

(1) PLACE OF BIRTH

County of

Township of

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

2539

Registration District No. 4008

Registered No. 2539

(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL

B

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 4, 1921
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Dan Horn

(9) PRESENT POSTOFFICE OF FATHER

Arkwright St

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

45
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Merchant

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

1

(14) NAME BEFORE MARRIAGE

Eva Horn

(15) PRESENT POSTOFFICE OF MOTHER

Arkwright St

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

22
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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

born alive or ~~dead~~

at 739 P.M. on the date above stated (Hour A.M. or P.M.)

(23) (Signature)

O.W. Linnard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 10, 1921

(28)

C.F. Parker

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.