

## (1) PLACE OF BIRTH

County of HighlandTownship of Highwood

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3800

File No. - For State Registrar Only

18955Registered No. 70  
(For use of Local Registrar)(2) Full Name of Child Clifton F. Hornsby

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be entered only in event of Twin or Triplet	(5) Number in order of birth -	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 10, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Clifton F. Hornsby(9) PRESENT POSTOFFICE OF FATHER Highwood S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49  
(Years)(12) BIRTHPLACE Highwood S.C.(13) OCCUPATION Fabric Work(14) Number of children born to mother, including present birth 13

## MOTHER.

(15) NAME BEFORE MARRIAGE Lizzie Gibson(16) PRESENT POSTOFFICE OF MOTHER Highwood S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 47  
(Years)(19) BIRTHPLACE Highwood S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 115 1/2 mi.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. J. Suber  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Given name added from a supplemental report

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

(28) Filed June 12, 1923 (29) W. M. Deane  
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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