

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Union
Township of Lenoir
or Inc. Town of Lenoir
or City of Lenoir
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
2677

Registration District No. 4207 Registered No. 6
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child. If child is not yet named, make supplemental report as directed

(3) SEX OR SEX	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
<u>Boy</u>	<u>No</u>	<u>1</u>	<u>Yes</u>	<u>1/16/22</u>
FATHER.				MOTHER.
(8) FULL NAME				(14) NAME BEFORE MARRIAGE
<u>Myrae Horn</u>				<u>Eunice Gregory</u>
(9) PRESENT POSTOFFICE OF FATHER				(15) PRESENT POSTOFFICE OF MOTHER
<u>Union S.C.</u>				<u>Union S.C.</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	
<u>W</u>	<u>43</u>	<u>W</u>	<u>37</u>	
(12) BIRTHPLACE		(18) BIRTHPLACE		
<u>Union Co S.C.</u>		<u>Union Co S.C.</u>		
(13) OCCUPATION		(19) OCCUPATION		
<u>Carpenter</u>		<u>Housewife</u>		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		
<u>9</u>		<u>9</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was female on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Thompson

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

(26) Witness P. H. Suroa
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2-10-22 (28) P. H. Suroa
Registrar 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.