

(1) PLACE OF BIRTH

County of ChesfieldTownship of Pro. Beeor
INC. TOWN ofor
CITY of

(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

48614

Registration District No. 17.27 Registered No. 4

(For use of Local Registrar)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

This number only is used of Twin or Triplet.

(5) Number in order of birth

(6) Are Parents Married?

Yes(7) DATE OF BIRTH Feb. 13, 1926

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Shrensbury Hork

(9) PRESENT POSTOFFICE OF FATHER

Cash

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY about 26 (Years)

(12) BIRTHPLACE

Chesfield

(13) OCCUPATION

Farmer

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

{ 4

MOTHER.

(14) NAME BEFORE MARRIAGE

Blanche Thompson

(15) PRESENT POSTOFFICE OF MOTHER

Cash

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY about 28 (Years)

(18) BIRTHPLACE

Chesfield

(19) OCCUPATION

Housewife

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

{ 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 5 A. M. on the date above stated.(22) (Signature) Blanche Hork

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Midwife Cash

Given name added from a supplemental report

..... 191....

Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 191.... (27) R. S. Matheson 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.

MAKING HIMSELF FOR BIRTHING. WHEN PLACED, WITH UNFOLDING INFO.—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET, NO. 1. THIS OTHER, NO. 2, ETC., IN QUESTION 2. No. 1. This OTHER, NO. 2, ETC., IN QUESTION 2.