

(1) PLACE OF BIRTH

County of AlleendaleTownship of Baldockor
Inc. Town ofor
City of Mims place (No. St.; Ward)

(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

6339

Registration District No. 4602 Registered No. 19
(For use of Local Registrar)(2) Full Name of Child Grace Hornes 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	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets	<u>1</u>	<u>yes</u>	<u>March 22 1922</u> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Hornes(9) PRESENT POSTOFFICE OF FATHER Baldock R.F.D.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Mims place(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth Six 6

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Clark(15) PRESENT POSTOFFICE OF MOTHER Baldock Post(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Robins S.C.(19) OCCUPATION Farm hand(21) Number of children of this mother now living, including present birth Six 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, healthy on the date above stated. (Born alive or stillborn) (Hour, Minute, P. M.)(23) (Signature) Attie Williams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Baldock Post

Given name added from a supplemental report

(26) Witness Anna L. Boyd (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 25 1922 (28) L. H. Boyd MD 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.