

(1) PLACE OF BIRTH

County LancasterTownship of Half Creekor
Inc. Town of

or

City of (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

39030

Registration District No. 5803Registered No. 114

(For use of Local Registrar)

(2) Full Name of Child Maya E. Edwards Horton

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

(3) BOY OR GIRL? Girl(4) Twin or triplet?(5) Number in order of birth(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 24

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. B. Horton(9) PRESENT POSTOFFICE OF FATHER Rushaw SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE Lancaster County(13) OCCUPATION Hammer man(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ma L. Taylor(15) PRESENT POSTOFFICE OF MOTHER Rushaw SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE Lancaster County(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Rushaw SC

Given name added from a supplemental report

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Registrar

(25) Witness

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

(26) Filed Nov. 22

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(27)

J. C. Nelson

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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