

16 093394

FILE No.—For State Registrar Only

0046

1. PLACE OF BIRTH

County of Clarendon

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1302

Registered No.

(For use of Local Registrar)

Township of

or

Inc. Town of

or

City of Summerton

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

2. FULL NAME OF CHILD Daisy May Horton

3. Boy or Girl

girl

If Plural

births

4. Twin, triplet, or other.....

6. Premature.....

7. Are Parents

8. Date of

birth.....

1916

(Month, day, year)

5. Number, in order of birth.....

Full term.....

Married?.....

9/ Full name

FATHER

Lawman Horton

18. Name before marriage

MOTHER

Rosa L. Horton

10. Residence (mailing address)

(If non-resident, give place and State)

Summerton, S.C.

19. Residence (mailing address)

(If non-resident, give place and State)

Summerton, S.C.

11. Color or race.....

Col.

12. Age at last birthday.....

(Years)

20

20. Color or race.....

Col.

21. Age at last birthday.....

(Years)

20

13. Birthplace (city or place)

(State or country)

Summerton, S.C.

22. Birthplace (city or place)

(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work.....

19.....

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work.....

19.....

27. Number of children of this mother

(At time of birth and including this child)

(a) Born alive and now living.....

6

(b) Born alive but now dead.....

None

(c) Stillborn.....

None

28. If stillborn,

period of gestation.....

months

weeks

29. Cause of stillbirth.....

None

Before labor.....

During labor.....

Specify any physical deformities of child at birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was No. rec'd on the date above stated.

(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) F. C. S. M.D., M.D.

Given name added from

a supplemental report.....

(Date of)

Address

Summerton, S.C.

Filed

9-2, 1937Martin B. Woodward, M.D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

Filed from my
for S. C. S. M.D.
in correct
that return is
S. C. S. M.D.

Stated by mother
from my memo