

16 093394

Standard Certificate of Birth

FILE No.—For State Registrar Only

0046

1. PLACE OF BIRTH

County of Clarendon

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

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

5. Premature

6. Are Parents

7. Date of

birth

(Month, day, year)

9. Full name

FATHER

Lawman Horton

18. Name before marriage

MOTHER

Rosa L. Horton10. 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

2

(Years)

20. Color or race

Col.

21. Age at last birthday

20

(Years)

13. Birthplace (city or place)
(State or country)Summerton, S.C.22. Birthplace (city or place)
(State or country)Summerton, S.C.

OCCUPATION

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

OCCUPATION

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

27. Number of children of this mother
(At time of birth and including this child)4

(a) Born alive and now living

6

(b) Born alive but now dead

None

(c) Stillborn

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 born alive on the date above stated.

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

(Signed)

Angelina Parson, M.D.

Given name added from

a supplemental report

(Date of)

Address

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

Filed

SEP 2

1937

Registrar.

Registrar.

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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
possibly in correct
that given is still m.
C.C. Stokes m.
Stated by mother
from my memory