

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

14533

County of RichmondTown of BuffaloRegistration District No. 2700 Registered No. 20
(For use of Local Registrar)(No. 20 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child Nell Horton { If child is not yet named, make supplemental report as directedBOY OR GIRL? Girl (4) Twin or triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 14 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
FULL NAME <u>M. H. Horton</u>	(14) NAME BEFORE MARRIAGE <u>Lina Shirley</u>		
PRESENT POSTOFFICE OF FATHER <u>Doctum SC 2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Do</u>		
COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>52</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
BIRTHPLACE <u>Doctum Co</u>	(18) BIRTHPLACE <u>Darlington Co</u>		
OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>		
Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at birth, on the date above stated. (How A. M. or P. M.)(23) (Signature) M. D. (24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Doctum, SC

Name added from a supplemental report

(26) Witness (Signature of Witness) J. J. McNeill when question 23 is signed by medical(27) Filed 1923 Local Registrar

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