

Form No. 1

## (1) PLACE OF BIRTH

County of Jasper  
 Township of Palatka  
 or  
 Inc. Town of  
 or  
 City of Gillisonville, S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

22708

Registration District No. .... Registered No. 46  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lennie Horton If child is not yet named, make supplemental report as directed

3) BOY OR GIRL  
 4) Twin or Triplet? To be answered only in case of Twins or Triplets  
 5) Number in order of birth  
 6) Are Parents Married? Yes  
 7) DATE OF BIRTH June 16, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Israel Horton

9) PRESENT POSTOFFICE OF FATHER Gillisonville, S.C.

10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 37  
 (Years)

12) BIRTHPLACE Gillisonville, S.C.

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 9

## MOTHER.

14) NAME BEFORE MARRIAGE Mary Laurel

15) PRESENT POSTOFFICE OF MOTHER Gillisonville, S.C.

16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 36  
 (Years)

18) BIRTHPLACE Gillisonville, S.C.

19) OCCUPATION Housekeeper

21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M.  
 on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.)

(23) (Signature) Midwife Julia Smith

(24) State whether Physician or Midwife (25) Address Local Registrar

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) R. W. Roberts  
 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.