

PLACE OF BIRTH

County of Colleton
Municipality of Fourder

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
17305Town of Registration District No. 1407 Registered No.
(For use of Local Registrar)
of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child Virginia Horne

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

BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1st born</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 25</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
FULL NAME <u>Will Horne</u>		(14) NAME BEFORE MARRIAGE <u>Walter Horne</u>		
PRESENT POSTOFFICE OF FATHER <u>Worcester, N.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Green Pond, N.C.</u>		
COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
BIRTHPLACE <u>Worcester, N.C.</u>		(18) BIRTHPLACE <u>Worcester, N.C.</u>		
OCCUPATION <u>at law</u>		(19) OCCUPATION <u>housewife</u>		
Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mauda Jackson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Green Pond, N.C.

Name added from a supplemental report

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

(27) Filed June 25 1923 Local Registrar

attending physician or midwife, then the father, householder, etc., should make this return. If it is a stillbirth, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.