

(1) PLACE OF BIRTH

County of Greenville STATE OF SOUTH CAROLINA.
 Township of Highland Bureau of Vital Statistics
 Inc. Town of State Board of Health

File No. — For State Registrar Only
64587

Registration District No. 2211 Registered No. 45
 (For use of Local Registrar)
 City of (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 Thomas Horne { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7 1916
 (Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME William Walker Horne

(9) PRESENT POSTOFFICE OF FATHER Box 9343

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Pabb.

(15) PRESENT POSTOFFICE OF MOTHER Box 9343

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was blue at 9:40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. J. L. Langford (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phys. Box 86

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed 6:10 1916 (28) J. A. Lindsey 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.

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 No. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 Can. of Columbia