

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Wt. ...
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

41673

Registration District No. 1205Registered No. 86
(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 not named 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 Oct 6, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. L. Horne
 (9) PRESENT POSTOFFICE OF FATHER Curley S.C. P#2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Gibson
 (15) PRESENT POSTOFFICE OF MOTHER Curley S.C. P#2
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive St. 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. M. Newson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date 10-13-22 (28) Local Registrar G. B. Redman

*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.