

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

No. 1a.—For this Register Only

County of

F. Lawrence

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

28321

Township of

Lynch

Inc. Town of

Registration District No.

2010

Registered No. 43

(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

Lula Arcecia Horne

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

(3) SEX OF CHILD

Girl

(4) Type or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept 6, 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Elija Horne

(9) PRESENT RESIDENCE OF FATHER

Cowards SC

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

7

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lethe Corbett

(15) PRESENT RESIDENCE OF MOTHER

Cowards SC

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State, whether Physician or Midwife

Elija Horne

The wife of Elija Horne

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed

Sept 20, 23

(27) E. L. Montague

19 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.