

## (1) PLACE OF BIRTH

County of Lancaster

Township of .....

or  
Inc. Town of Lancasteror  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## 2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7504

Registration District No. 280 Registered No. 7

(For use of Local Registrar)

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 2/1 1913 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Alfred Horton(9) PRESENT POSTOFFICE OF FATHER Lancaster Co.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Lancaster Co.(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 6

## MOTHER

(14) NAME BEFORE MARRIAGE Lucia Jensen(15) PRESENT POSTOFFICE OF MOTHER Lancaster Co.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 2 (Years)(18) BIRTHPLACE Lancaster Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alfred Horton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster Co.

Given name added from a supplemental report

, 191....

Registrar

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

(27) Filed Feb. 23, 1913 (28) A. T. Johnson 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.