

(1) PLACE OF BIRTH

County of AndersonTownship of Homesboro

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3047

Registration District No. 307 Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Horace Ashley { If child is not yet named, make supplemental report as directed(3) DATE OF BIRTH Jan. 25 1912
(Name of Month) (Day) (Year)

(4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH

FATHER.

(1) FULL NAME Thomas Ashley(2) PRESENT POSTOFFICE OF FATHER Homesboro SC(3) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 47 (Years)(4) BIRTHPLACE SC(5) OCCUPATION farmer(6) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Pellie Safford(15) PRESENT POSTOFFICE OF MOTHER Homesboro SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION domestic(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Williams (24) State whether Physician or Midwife (25) Address of Physician or Midwife Homesboro SC

Given name added from a supplemental report

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

(27) File ind. 7 (28) E. Williams 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.

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