

Form No. 1

(1) PLACE OF BIRTH

County of AlbanyTownship of Albanyor
Inc. Town ofor
City of Fairfax

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

(2) Full Name of Child Horace PlattsNo. 14-For State Register Only
34450

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. H401 Registered No. H8
(For use of Local Registrar)

(No. St.) Ward)

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age Person Marrying <u>No</u>	(7) DATE OF BIRTH <u>Nov 14 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Don't Know(9) PRESENT RESIDENCE OF FATHER —(10) COLOR OR RACE — (11) AGE AT LAST BIRTHDAY — (Years)(12) BIRTHPLACE —(13) OCCUPATION —(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Platts(15) PRESENT RESIDENCE OF MOTHER Fairfax S.C.(16) COLOR OR RACE Mulatto (17) AGE AT LAST BIRTHDAY 25 or 30 (Years)(18) BIRTHPLACE Fairfax S.C.(19) OCCUPATION House Keeper(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Miss Bryant(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Fairfax S.C.

Given name added from a supplemental report

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

(26) Filed Nov 19 1923 (27) 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.

RECORDS OF THE STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, FORM NO. 1, THIS FORM, No. 2, etc., in question 2.