

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
**76377**

(1) PLACE OF BIRTH  
County of Charleston  
Township of Charleston  
OR  
Inc. Town of ..... Registration District No. 1203 Registered No. 175  
OR  
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 James Fannley Horton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 17, 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME OF FATHER <u>Gik Horton</u>		(14) NAME BEFORE MARRIAGE <u>Sela Riven</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Kershaw Co S.C.</u>		(18) BIRTHPLACE <u>Charleston Co</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Keep on Farm</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) M. Miller Campbell

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Reglstrar

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

(27) Filed Sept 26 1916 (28) T. E. Mulloy  
Local Registrar.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw. of Columbia.

\*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.