

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76371

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

Registration District No. 1203

Registered No. 175

(For use of Local Registrar)

(2) Full Name of Child

James Fannley Horton

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 17, 1916

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Gik Horton

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

31 (Years)

(12) BIRTHPLACE

Kershaw Co S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Leola Rivers

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

22 (Years)

(18) BIRTHPLACE

Charleston Co

(19) OCCUPATION

Keep on Farm

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. L. 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

Registrar

(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

*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.

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.

McCauley of Columbia.