

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Blackwater
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

31755

Registration District No. 3617 Registered No. 90
 (For use of Local Registrar)

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

3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 29, 1922
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Nathan Horner (14) NAME BEFORE MARRIAGE Emmie Horner

(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC (15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29
 (Years) (Years)

(12) BIRTHPLACE S-C- (18) BIRTHPLACE S-C-

(13) OCCUPATION laborer (19) OCCUPATION laborer

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 9 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Russa Horner

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 1, 1922 (28) W. A. Price 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.

THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THIS OFFICE, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.