

(1) PLACE OF BIRTH
County of Laurens
Township of Pleasant Hill
or
Inc. Town of
or

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

File No.—For State Registrar Only
11753

Registration District No. 256 Registered No. 55-
(For use of Local Registrar)
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

2) Full Name of Child
If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Age Parents 40 Married yes (7) DATE OF BIRTH Feb. 1, 1917
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME W. D. Horton

(14) NAME BEFORE MARRIAGE Robbie Barbers

(9) PRESENT POSTOFFICE OF FATHER Heath Springs S.C.

(15) PRESENT POSTOFFICE OF MOTHER Heath Springs S.C.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 29 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Laurens Co S.C.

(18) BIRTHPLACE Laurens Co S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(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 female, at 10 P. M., on the date above stated. (Born alive or stillborn?) (Hour A. M. or P. M.)

(23) (Signature) E. F. Hammond
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Heath Springs S.C.

Given name added from a supplemental report

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

(27) Signed Apr. 27, 1917 (28) E. F. Hammond 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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