

1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or Greenville  
 No. 1 of South St.

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

No. for State Registrar Only  
**14195**

Registration District No. 14020, Registered No. 140  
 (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Grace Janita Horwood

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

3) SEX girl (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married yes (7) DATE OF BIRTH May 1 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER  
 FULL NAME Infus J. Horwood  
 PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31  
 BIRTHPLACE Debris Tennessee  
 OCCUPATION Lexile  
 Number of children born to mother, including present birth Three (3)

MOTHER  
 (14) NAME BEFORE MARRIAGE Bertie Ramsey  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
 (18) BIRTHPLACE Debris Tennessee  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:00 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(22) (Signature) J. B. L. L. L. M.D.  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Greenville S.C.

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by physician)  
 (26) Filed May 1 1923 (27) Local Registrar T. L. L. L.

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.

K O D A K S A F E T Y