

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Marionette  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

No. for this Register Vol. 37801

Registration District No. H-1-A/1 Registered No. 3  
 (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 Ruth Horton (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD boy (4) Type of Infant no (5) Number in order of birth no (6) Date of Birth Nov 22 1923  
 (7) Month of Birth Nov (8) Day of Birth 22 (9) Year of Birth 1923

FATHER. (10) FULL NAME Unknown (11) PRESENT RESIDENCE OF FATHER —  
 (12) COLOR Col (13) AGE AT LAST BIRTHDAY — (14) BIRTHPLACE — (15) OCCUPATION —  
 (16) Number of children born to mother, including present birth 1

MOTHER. (14) NAME BEFORE MARRIAGE Homer Horton (15) PRESENT RESIDENCE OF MOTHER Hedgefield S C  
 (16) COLOR Col (17) AGE AT LAST BIRTHDAY 19 (18) BIRTHPLACE Sumter County (19) OCCUPATION Field Hand  
 (20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was live at 1 A. M. on the date above stated. (22) (Signature) Jane Barker (23) Date when midwife (24) Address of Physician or Midwife Hedgefield S C

(25) Given name added from a supplemental report —  
 (26) Witness (Signature of Witness necessary only when question 25 is signed by mark) —  
 (27) Date Nov 24 1923 (28) E. R. Williams Local Registrar

If child is born in a hospital, then the father, householder, etc., should make this report. If child is born at home, the father, householder, etc., should make this report. No report is desired of stillborns before the first month of pregnancy.