

(1) PLACE OF BIRTH

County of Horry
 Township of Cherokee
 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

20192

Registration District No. 140020Registered No. 50
(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 Jera Horton

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

(3) BOY OR GIRL girl

(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 June 10, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Horton(9) PRESENT POSTOFFICE OF FATHER T. S. R. 2(10) COLOR OR RACE white(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE va Horton(15) PRESENT POSTOFFICE OF MOTHER pt. SC R. 2(16) COLOR OR RACE white(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Ben. Chin... at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour . M. or P. M.)(23) (Signature) W. W. Painter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cherokee SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 19 22(28) W. W. Painter
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.