

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Deepwater
 or
 Inc. Town of
 or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40992

Registration District No. 509 Registered No. 62....
 (For use of Local Registrar)

(2) Full Name of Child Richard Horch (No. St.; Ward)
 (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 Dec 23, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jeff Horch
 (9) PRESENT POSTOFFICE OF FATHER Barnwell
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36....
 (12) BIRTHPLACE S. C. (Year)
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Middie Owens
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18....
 (18) BIRTHPLACE S. C. (Year)
 (19) OCCUPATION Farmer
 (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 born alive at 2302 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carrie S. Devore(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Deepwater

Given name added from a supplemental report

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

(27) Filed Dec 29, 1922 (28) Mr. Carter
 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.

VIEW OF TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.