

(1) PLACE OF BIRTH

County of Lancaster,
Township of Gills Creek,
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

2804 19205
Registered No. 125
(For use of Local Registrar)

Registration District No. St.; Ward
(No.
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

3 BOY OR GIRL? Boy (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 6/24/22.
(Name of Month) (Day) (Year)

FATHER.
8 FULL NAME Wylie Horton,
9 PRESENT POSTOFFICE OF FATHER Lancaster, S.C., R*8.
10 COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY 26.
(Years)
12 BIRTHPLACE Kershaw Co., S.C.
13 OCCUPATION Farmer.
20 Number of children born to mother, including present birth Four.

MOTHER.
(14) NAME BEFORE MARRIAGE Jerusha Hinson,
(15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C., R*8.
(16) COLOR OR RACE White. (17) AGE AT LAST BIRTHDAY 3.
(Years)
(18) BIRTHPLACE Lancaster Co., S.C.
(19) OCCUPATION Housewife.
(21) Number of children of this mother now living, including present birth Four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
Physician, Lancaster, S.C.
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7-14-22 (28) [Signature]
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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IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5

DEPT. OF COLUMBIA, COLUMBIA, S. C.