

## 1. PLACE OF BIRTH

County of Kershaw  
 Township of Water  
 of  
 Inc. Town of Blaney  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2704

FILE No.—For State Registrar Only

44627Registered No. \_\_\_\_\_  
(For use of Local Registrar)

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

AMES RAYFORD HORSBY (If child is not yet named, make supplemental report as directed.)1. BOY OR  
Girl2. Twin or  
Triplet?3. Number <sup>in order</sup>  
of birth4. Are  
Parents  
Married? Yes

DATE OF BIRTH

October 19 1923  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

9. FULL NAME Millie Thomas Horsby10. PRESENT  
POSTOFFICE  
OF FATHER Blaney11. COLOR  
OR  
RACE white12. AGE AT LAST  
BIRTHDAY 34  
(Years)13. BIRTHPLACE Kershaw Co S.C.14. OCCUPATION Farming15. Number of children born to  
mother, including present birth 7

## MOTHER

16. NAME BEFORE  
MARRIAGE Dora W. Jackson17. PRESENT  
POSTOFFICE  
OF MOTHER Blaney18. COLOR  
OR  
RACE white19. AGE AT LAST  
BIRTHDAY 30  
(Years)20. BIRTHPLACE Kershaw Co S.C.

21. OCCUPATION

22. Number of children of this mother  
now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

23. I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M.  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.24. Signature Louise Steedman

25. State whether Physician or Midwife 26. Address of Physician or Midwife

Given name added from a supplemental report

27. Witness J. J. Johnson(Signature of Witness necessary only  
when question 23 is signed by mark)28. Filed May 31 1924 J. H. G. Gentry  
Registrar 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.

MACHINE REPRODUCED FOR BINDING  
 WRITE CLEARLY WITH IMPERIAL INK. THIS IS A PERMANENT RECORD  
 M.B. — In case of TWINS or TRIPLETS, use SEPARATE BLANKS FOR EACH CHILD, and mark the  
 FIRST BORN, No. 1. THE OTHER, No. 2, etc., in question 3.  
 LAST BORN PRINTING CO.