

1. PLACE OF BIRTH

County of Kershaw
 Township of Water
 or
 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

44651Registered No. _____
(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

James Rayford Hornsby

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

1. BOY OR

2. Twin or Triplet?

3. Number in order of birth

4. 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

FULL NAME

Millie Thomas Hornsby

5. PRESENT POSTOFFICE OF FATHER

Blaney

6. COLOR OR RACE

white

7. AGE AT LAST BIRTHDAY

34
(Years)

8. BIRTHPLACE

Kershaw Co S.C.

9. OCCUPATION

Farming

10. Number of children born to mother, including present birth

7

MOTHER

11. NAME BEFORE MARRIAGE

Dora V. Jackson

12. PRESENT POSTOFFICE OF MOTHER

Blaney

13. COLOR OR RACE

white

14. AGE AT LAST BIRTHDAY

30
(Years)

15. BIRTHPLACE

Kershaw Co S.C.

16. OCCUPATION

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

23. Signature

Lou Steedman

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

J. J. J. J.

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

27. Filed

May 31 1924J. H. G. G. G.
Local Registrar. 19
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.

DO NOT WRITE IN THESE SPACES
 WRITE CLEARLY WITH IMPASSING INK. THIS IS A PERMANENT RECORD
 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