

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

3440

Registration District No. 1245

Registered No. 2
(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

Hermie Anne

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 case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Jan 7, 1923
(Month of Month) (Day) (Year)

(8) FULL NAME

D. L. Horne

(9) PRESENT POSTOFFICE OF FATHER

Ruby S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Nellie Guldage

(15) PRESENT POSTOFFICE OF MOTHER

Ruby S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

(20) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

Livia J. Gaskins

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Mt. Croghan S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

1923

(27)

G. B. Chapman
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
A. B.—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.

Division of Statistics, Columbia, S. C.