

(1) PLACE OF BIRTH

County of GreenvilleTownship of Ameliaor
Loc. Town of

City of

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

(2) Full Name of Child Jennie Horan

File No.—For State Registrar Only

6686

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 820 Registered No. 34

(For use of Local Registrar)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Horan(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farm work(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah General(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farm work(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 at 10 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(23) (Signature) Lydia T. General(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A.R. Rabe
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 29 1922 (28) A.R. Rabe
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.