

## (1) PLACE OF BIRTH

County of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40085

Township of

or

Inc. Town of

or

City of

Registration District No. 4008

Registered No. 370

(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

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

Is to be answered only in event of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

C. F. Horn

(9) PRESENT POSTOFFICE OF FATHER

Muffey R. ?

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

32 (Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farmer

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

2

(17) 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 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

Nov. 12, 1922

(28)

Mrs. C. F. Parker

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.