

PLACE OF BIRTH

County of

Township of

or Town of

or

of

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

Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14183-A

Registration District No. 4004

Registered No. 218
(For use of Local Registrar)

St.; Ward

(No.) (If child is not yet named, make supplemental report as directed)

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

BOY
 GIRL? *Girl*
 (4) Twin or Triplet? (5) Number in order of birth *1*
 (6) Are Parents Married? Yes
 (7) DATE OF BIRTH *May 12 1922*
 (Name of Month) (Day) (Year)

FATHER.

FULL NAME *Lambert Horton*

PRESENT POSTOFFICE OF FATHER *Goffney S.C. R9*

COLOR OR RACE *white* (16) AGE AT LAST BIRTHDAY *31* (Years)

BIRTHPLACE *S.C.*

OCCUPATION *Farmer*

Number of children born to mother, including present birth *6*

MOTHER

(14) NAME BEFORE MARRIAGE *Ester M. Craw.*

(15) PRESENT POSTOFFICE OF MOTHER *Goffney S.C. R9*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *12:30 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]* (25) Address of Physician or Midwife *Charleston S.C.*

(24) State of *Physician*

Use added from a supplemental report

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Registrar

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

(27) Filed *Aug 9 1925* (28) *[Signature]* Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar Only

Registrar

Ward

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S.C.

M., P. M.)

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