

(1) PLACE OF BIRTH

County of Cherokee

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3318

Registration District No. 109 Registered No. 49
(For use of Local Registrar)(No. Robinson St.; 3 Ward)(2) Full Name of Child John James

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 25 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm James Horn(9) PRESENT POSTOFFICE OF FATHER Laurens S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Year)(12) BIRTHPLACE Cleveland Co. N.C.(13) OCCUPATION Mill work(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Nola Fowler(15) PRESENT POSTOFFICE OF MOTHER Laurens S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE Cherokee Co. S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 8:15 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. L. Lockett

(23) State whether

Physician or Midwife

(24) Address of Physician or Midwife

MidwifeLaurens S. C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Signed March 10 1923 (27) J. L. Lockett
Registrar 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.

N. B.—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.