

MARGIN RESERVED FOR BINDING.

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

N. 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 1.

Revised by Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. <u>8047</u>	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA			
Township of <u>Abbeville</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>100</u>		Registered No. <u>23</u>	
(No. .... St. .... Ward)		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same, instead of street and number.)					
(2) Full Name of Child <u>JAMES HORTON</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>April 3, 1923</u>	
(To be answered only in case of Twin or Triplet)					
FATHER.			MOTHER.		
(8) FULL NAME <u>JAMES HORTON</u>			(14) NAME BEFORE MARRIAGE <u>Annie Van Horton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S. C.</u>		
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>18</u>	(12) BIRTHPLACE <u>S. C.</u>	(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>19</u>	(18) BIRTHPLACE <u>S. C.</u>
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> , at <u>11 P. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Marie L. Tate</u>					
(24) State whether Physician or Midwife (25) Address of Phys. or Midwife <u>Trident, Abbeville, S. C.</u>					
Given name added from a supplemental report			(26) Witness <u>J. G. Priestly</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19 .....			(27) Filed <u>April 12, 1923</u>		
Registrar			(28) <u>J. G. Priestly</u> 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.