

16 093372

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH
County of Charleston Standard Certificate of Birth
Township of Jefferson STATE OF SOUTH CAROLINA
or
Inc. Town of _____ Bureau of Vital Statistics
or
City of _____ State Board of Health
(If birth occurs in a hospital or other institution, give name of same instead of street and number) Registration District No. 1204 Registered No. _____
(For use of Local Registrar) Ward _____

2. FULL NAME OF CHILD W. Claur Horton If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births _____ 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? Yes 8. Date of birth July 15 19 16
(Month, day, year)

9. Full name Emerson Horton FATHER 18. Name before marriage Frederia Kiley MOTHER

10. Residence (mailing address) Jefferson 19. Residence (mailing address) Do
(If non-resident, give place and State)

11. Color or race W 12. Age at child's birth 24 (years) 20. Color or race W 21. Age at child's birth 31 (years)

13. Birthplace (city or place) Do (State or country) 22. Birthplace (city or place) Do (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year last) engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ✓ months _____ weeks _____ 29. Cause of stillbirth _____ Before labor _____ During labor ✓

Specify any physical deformities of child at birth. None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born clear 6 P m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date.

(Name of Prophylactic)

(Signed) Joseph P. Williams Parent
or Jefferson Guardian

Given name added from _____
a supplementary report _____
(Date of)

Address _____
Filed Jan. 29, 19 17 M. B. Woodward, M. D.
Registrar.

Registrar.