

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 | | Standard Certificate of Birth | | FILE No.—For State Registrar Only | |
|--|------------------|---|--------------|---|---|
| County of <u>Cherokee</u> | | STATE OF SOUTH CAROLINA | | 00272 | |
| Township of <u>Jefferson</u> | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. <u>1204</u> | | Registered No. | |
| or | | | | (For use of Local Registrar) | |
| City of | | (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 <u>W. Cleop Horton</u> If child is not yet named, make supplemental report as directed. | | | | | |
| 3. Boy or Girl | If Plural births | 4. Twins, triplets or other | 6. Premature | 7. Are Parents Married? | 8. Date of birth |
| <u>Boy</u> | | | | <u>Yes</u> | <u>July 15 1916</u> (Month, day, year) |
| 9. Full name | | FATHER | | 18. Name before marriage | |
| <u>Eustace Horton</u> | | | | MOTHER <u>Idellia Kiley</u> | |
| 10. Residence (mailing address) | | 19. Residence (mailing address) | | 20. Color or race | |
| <u>Jefferson</u> | | <u>Jefferson</u> | | <u>W</u> | |
| (If non-resident, give place and State) | | (If non-resident, give place and State) | | 21. Age at child's birth | |
| | | | | <u>21</u> (years) | |
| 11. Color or race | | 12. Age at child's birth | | 22. Birthplace (city or place) | |
| <u>W</u> | | <u>21</u> (years) | | <u>Jefferson</u> | |
| 13. Birthplace (city or place) | | 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. | |
| <u>Jefferson</u> | | <u>Farming</u> | | <u>Farming</u> | |
| (State or country) | | 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 | |
| | | | | | |
| 27. Number of children of this mother (At time of birth and including this child) | | (a) Born alive and now living | | (b) Born alive but now dead | |
| <u>1</u> | | <u>1</u> | | <u>0</u> | |
| 28. If stillborn, period of gestation | | 29. Cause of stillbirth | | (c) Stillborn | |
| <u>3</u> months | | | | <u>0</u> | |
| <u>1</u> week | | | | Before labor | |
| | | | | <u>1</u> | |
| | | | | During labor | |
| | | | | <u>1</u> | |
| Specify any physical deformities of child at birth. <u>None</u> | | | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| I hereby certify to the birth of this child, who was <u>Born clear 6 P</u> 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 <u>6</u> M. on above date. | | (Signed) <u>Joseph P. ...</u> Parent | |
| | | (Name of Prophylactic) | | <u>Jefferson</u> Guardian | |
| Given name added from a supplementary report | | (Date of) | | Address | |
| | | | | | |
| | | | | Filed <u>Jan. 29</u> , 19 <u>17</u> <u>M. B. Woodward</u> M. D. Registrar. | |