

(1) PLACE OF BIRTH

County of CherokeeTownship of Alfalfa

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

17190

Registration District No. Registered No.
(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 Susan Horton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12 23
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Jesse L Horton MOTHER. (14) NAME BEFORE MARRIAGE Mary E. Howell(9) PRESENT POSTOFFICE OF FATHER McKen R (15) PRESENT POSTOFFICE OF MOTHER McKen R(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Year) (Year)(12) BIRTHPLACE AC (18) BIRTHPLACE SC(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:00 P. M. on the date above stated. (Hour) (M. or P. M.)(23) (Signature) J. E. Howell (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) J. E. Howell 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.