

## (1) PLACE OF BIRTH

County of Union  
 Township of Boysville  
 or Buffalo  
 Inc. Town of Buffalo  
 or  
 City of Buffalo

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 14.—For State Registrar  
**5406**

Registration District No. 49B Registered No. 14  
 (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 Keith Honey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No To be answered only in case of Twin or Triplet (5) Age of Child yes (6) Date of Birth Feb 15 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Rowe Honey  
 (9) PRESENT POSTOFFICE OF FATHER Buffalo SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27  
 (Year)  
 (12) BIRTHPLACE North Carolina  
 (13) OCCUPATION Textile  
 (14) Number of children born to mother, including present birth 3

## MOTHER.

(16) NAME BEFORE MARRIAGE Honey Claims Randle  
 (17) PRESENT POSTOFFICE OF MOTHER Buffalo SC  
 (18) COLOR OR RACE white (19) AGE AT LAST BIRTHDAY 24  
 (Year)  
 (20) BIRTHPLACE North Carolina  
 (21) OCCUPATION Domestic  
 (22) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Date—M. D. or P. M.)

(24) (Signature) J. P. Hanson

(25) State whether Physician or Midwife Physician

(26) Address of Physician or Midwife Buffalo SC

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed Mar 10 1923 (29) J. H. Woodward 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.

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MAKING RETURN FOR BIRTH. WITH UNPAID TAX—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. USE BACK OF FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.