

## (1) PLACE OF BIRTH

County of *Marian*

Township of .....

or  
Inc. Town of *Mullins*or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3212*

File No. — For State Registrar Only

4361174

Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child *Charles Wesley Horton, Jr.*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Dec 30 22*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Charles Wesley Horton*(9) PRESENT POSTOFFICE OF FATHER *Mullins S.C.*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *28*  
(Years)(12) BIRTHPLACE *Marian Co*(13) OCCUPATION *Painter*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Lou Smith*(15) PRESENT POSTOFFICE OF MOTHER *Mullins S.C.*(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *21*  
(Years)(18) BIRTHPLACE *GA Georgia*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Romulus* at *5:4* M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. L. Martin*

(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 mark)

(27) Filed *Jan 10 1923*

(28) 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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