

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 9.

(1) PLACE OF BIRTH

County of Greenville  
Township of .....  
or  
Inc. Town of .....  
or  
City of Greenville  
(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

File No.—For State Registrar Only

1257

Registration District No. 22A Registered No. 67  
(For use of Local Registrar)

(2) Full Name of Child William Russell Hornum (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>M</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 3, 1922</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>George Cleveland Hornum</u>		(14) NAME BEFORE MARRIAGE <u>George Leone Elrod</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Greenville S.C.</u>		(18) BIRTHPLACE <u>Dunderson Co. S.C.</u>		
(13) OCCUPATION <u>Letter Mail Sorter</u>		(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M., on the date above stated.  
(Born alive & stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. M. Hornum  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Feb 15, 1922 (28) C. E. Smith 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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