

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville

Township of

or

Inc. Town of Cedar Springs

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6186

Registration District No. 103Registered No. 7
(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 Thomine Mary Horman

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 March 15 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Tommy Horman(9) PRESENT POSTOFFICE OF FATHER Abbeville SC(10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Abbeville SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Rosy Bell Chiles(15) PRESENT POSTOFFICE OF MOTHER Abbeville SC(16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Mc Camiah(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thomine Horman

(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)

19

(27) Filed 19 (28) S. H. Mandlaw 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.

MARGIN RESERVED FOR BINDING.
WRITE 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 5.