

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42664

Registration District No. 2206 Registered No.
 (For use of Local Registrar)

City of (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 29
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Horrell(9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Francis Matilda Phillips(15) PRESENT POSTOFFICE OF MOTHER Ft. Inn S.C. R 2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House(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 alive at 6 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Thompson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Fountain Inn 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 19 (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.

THIS IS A PERMANENT RECORD. IT IS NOT TO BE DESTROYED. IT IS TO BE KEPT IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C. IT IS TO BE KEPT IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C. IT IS TO BE KEPT IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C.