

Form No. 1

## (1) PLACE OF BIRTH

County of FlournoTownship of McClellanor  
Inc. Town of Flournoor  
City of Flourno

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

## CERTIFICATE OF BIRTH

BUREAU OF BIRTH RECORDS

Division of Vital Statistics

State Board of Health

File No. For this Registry

55863

Registration District 204 Registered No. 26

(For use of Local Registrar)

## (2) Full Name of Child

Theronne Howard

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 23, 1916

(Name of Month, Day, Year)

## FATHER

(8) FULL NAME

Louis Howard

(9) PRESENT POSTOFFICE OF FATHER

Flourno S. C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Flourno S. C.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

3

## MOTHER

(15) NAME BEFORE MARRIAGE

Amanda Howard

(16) PRESENT POSTOFFICE OF MOTHER

Flourno S. C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

24

(Years)

(19) BIRTHPLACE

Flourno S. C.

(20) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name of child at birth or supplemental report

(26) Witness

William Robinson

(Signature of witness necessary only when question is signed by mother)

(27) Dated

5/1/16

(28)

W. Robinson

(Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes dead before it is born, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

In cases of twins or triplets use a SEPARATE BLANK for each child, and when the FATHER, MOTHER, or TRIPLET, No. 1, THE OTHER, No. 2, etc., in question 1.