

WHITE PLAINLY, WITH UNFADING INK—FURNISH A PERMANENT RECORD—FURNISH A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
No. N.—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 6.

(1) PLACE OF BIRTH

County of Charleston
Township of
or
Inc. Town of
or
City of Charleston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17847

Registration District No. 9A

Registered No. 817
(For use of Local Registrar)

No. 83 Society 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 Theodore Howard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 23, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harvey Culbert Howard
(9) PRESENT POSTOFFICE OF FATHER Charleston
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Year)
(12) BIRTHPLACE Georgia
(13) OCCUPATION Collector Wm. Furniture Co
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Elizabeth Howe
(15) PRESENT POSTOFFICE OF MOTHER Charleston
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Year)
(18) BIRTHPLACE Georgia
(19) OCCUPATION House - wife
(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 alive at 12:45 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. F. Paul M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 83 1/2 Lowndes St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/4 1922

(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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