

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.

(1) PLACE OF BIRTH

County of Sumter

Township of Stateburg

Inc. Town of

City of

(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

44838

Registration District No. 4109 Registered No. 118

(For use of Local Registrar)

St.; Ward

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

(2) Full Name of Child Edward Eugene Howard

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH 12-5-17
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Edward Howard

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C. P3

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Sumter S.C. P3

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Crocker

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. P3

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Sumter S.C. P3

(19) OCCUPATION House Keeper

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

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., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Midwife Edith Howard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C. Claremont St

Given name added from a supplemental report

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

(27) Filed 12/26 1915 (28) A. J. May Jr 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.