

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 Abbeville
 Township of Abbeville
 OF
 Inc. Town of
 OF
 City of Abbeville
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 1 A Registered No. 38
 (For use of Local Registrar)
 (No. 69 Church St.; 3rd Ward)
 (2) Full Name of Child Clyde Raymond Howie If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 3rd 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Lewis Zimmerman Howie</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Suzanne McBorie</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>#69 Church St. Abbeville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>#69 Church St. Abbeville SC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Union County, NC</u>			(18) BIRTHPLACE <u>Union County, N.C.</u>	
(13) OCCUPATION <u>R.R. Engineer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Seven</u>			(21) Number of children of this mother now living, including present birth <u>Five</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:40 P.M. on the date above stated. (Born alive or stillborn (Hour M. or P. M.))

(23) (Signature) C. R. Power M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Abbeville SC

Given name added from a supplemental report

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

(27) Filed May 11 1923 (28) Miss Julia M. Callister 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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