Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
62978

(1) PLACE OF BIRTH

County of Anderson

Township of Broadway

or

Inc. Town of ..... Registration District No. 301 Registered No. 55
(For use of Local Registrar)

or

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. Raifield Howard

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth (To be answered only in event of Twins or Triplets)	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			yes	June 30, 1916 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Earnest Howard	(14) NAME BEFORE MARRIAGE	Jessie Watkins
(9) PRESENT POSTOFFICE OF FATHER	Belton S C	(15) PRESENT POSTOFFICE OF MOTHER	Belton, S.C.
(10) COLOR OR RACE	negro	(16) COLOR OR RACE	negro
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	anderson Co	(18) BIRTHPLACE	anderson Co.
(13) OCCUPATION	farmer	(19) OCCUPATION	house wife
(20) Number of children born to mother, including present birth	7	(21) Number of children of this mother now living, including present birth	6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. R. Haynie M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Belton S C

Given name added from a supplemental report July 15, 1916
C. W. Miller Registrar

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

(27) Filed July 10 1916. (28) W. B. Crawford 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.

McCaw, of Columbia.

WRITE PLAINLY. WITH INDELIBLE INK—THIS IN A SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OFFICIAL No. 2, etc., in question 5.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the