

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

9648

Registration District No. 901

Registered No. 48
(For use of Local Registrar)

(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

John Howard

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

3) BOY OR GIRL Boy	4) Type of Triplet To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married Yes	7) DATE OF BIRTH Feb. 19, 1923 (Month of Birth) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME John Howard			14) NAME BEFORE MARRIAGE Ella Williams	
9) PRESENT RESIDENCE OF FATHER Mt Pleasant S.C.			15) PRESENT RESIDENCE OF MOTHER Mt Pleasant S.C.	
10) COLOR OR RACE Negro	11) AGE AT LAST BIRTHDAY 35 (Years)	16) COLOR OR RACE Negro		
12) BIRTHPLACE S.C.	17) AGE AT LAST BIRTHDAY 28 (Years)			
13) OCCUPATION Farmer			18) OCCUPATION Housewife	
20) Number of children born to mother, including present birth Four			21) Number of children of this mother now living, including present birth One	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) *Bess Richardson*

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Mt Pleasant S.C.

(If name added from a supplemental report)

(26) Witness

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

(27) Filed

Mar 11, 1923

(28)

*Isaac Child*19
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make report if a child breathes even once. It must not be reported as stillborn. No report is desired or necessary before the fifth month of pregnancy.