

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville
Township of Greenvilleor
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registration

56109

Registration District No. 2913 Registered No. 29
(For use of Local Registrars)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mary Minter Howard

| | | | | |
|--|--|---------------------------------|---|--|
| (1) SEX GIRL? | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH <u>April 25, 1916</u> (Month of Month Day Year) |
| <u>Girl</u> | | | <u>Yes</u> | |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Carl H. Howard</u> | | | (14) NAME BEFORE MARRIAGE <u>John Minter</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u> | |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) | (16) COLOR OR RACE <u>white</u> | (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) | |
| (12) BIRTHPLACE <u>Greenville, S.C.</u> | | | (18) BIRTHPLACE <u>Greenville, S.C.</u> | |
| (13) OCCUPATION <u>farmer</u> | | | (19) OCCUPATION <u>farmer</u> | |
| (20) Number of children born to mother, including present birth <u>one</u> | | | (21) Number of children of this mother now living, including present birth <u>one</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Greenville, S.C. on the date above stated.
(Born alive or stillborn)(23) (Signature) Mrs. J. L. Whitehead

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Madison, N.C.

Given name added from a supplemental report

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

(27) Filed May 9, 1916 (28) Albert W. News
Registrar 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M.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.

McClaw, of Columbia.