

MARGIN RESERVED FOR INDEXING.
 WHEN FILLING, 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.

J. C. W. of Columbia.

(1) PLACE OF BIRTH
 County of Calhoun
 Township of Caw-dun
 or
 Inc. Town of
 or
 City of (No. JONES St.; Ward)
 (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. 58899 For State Registrar Only

Registration District No. 801 Registered No. 42
 (For use of Local Registrar)

(2) Full Name of Child Mr. Clay Polson Howard } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 1</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Polson Howard</u>	(14) NAME BEFORE MARRIAGE <u>Clarice Jones</u>	(9) PRESENT POSTOFFICE OF FATHER <u>St. Andrews</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>St. Andrews</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>St. Andrews</u>	(18) BIRTHPLACE <u>St. Andrews</u>	(13) OCCUPATION <u>Householder</u>	(19) OCCUPATION <u>Householder</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 still at 7 P. M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Heath Kelso
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 191..... Registrar	(26) Witness <u>J. V. Murphy</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filled <u>May 18</u> 191 <u>6</u> (28) <u>J. H. Hines</u> Local Registrar
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*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.