

FORM NO. 1.

(1) PLACE OF BIRTH

County of Marion
Township of Wahki

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
49851

Inc. Town of Registration District No. 3709 Registered No. 8
or
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 7 1916
Take answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. Howard

(9) PRESENT POSTOFFICE OF FATHER Lee Dee St.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Marion Co. S.C.

(13) OCCUPATION Publick work

(20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Clemons

(15) PRESENT POSTOFFICE OF MOTHER Lee Dee St.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Marion Co. S.C.

(19) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Wm. A. Adams

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

mid wife Lee Dee St. Marion Co. S.C.

Given name added from a supplemental report

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

(27) Filed Feb 10 1916 (28) B. F. Dill
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, 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.
McCallaw of Columbia