

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Charleston

(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.—For State Registrar Only

3429

Registered No. 278
(For use of Local Registrar)Registration District No. 9 ARegistered No. 278

(For use of Local Registrar)

(2) Full Name of Child John Howell

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

(1) BOY (2) Twins or Triplet? (3) Number in order of birth (4) Are Parents Married? No (5) DATE OF BIRTH Feb 14 1922
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Josh Howard(7) PRESENT POSTOFFICE OF FATHER Charleston S.C.(8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 25 (Years)(10) BIRTHPLACE Charleston S.C.(11) OCCUPATION Latimer(12) Number of children born to mother, including present birth 1.....3.....

MOTHER.

(13) NAME BEFORE MARRIAGE Rebecca Howell(14) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(15) COLOR OR RACE Negro (16) AGE AT LAST BIRTHDAY 20 (Years)(17) BIRTHPLACE Savannah Ga.(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth 1.....1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 5:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(21) (Signature) Oliver C. H. H. H. (22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed

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.

(Date of)

Filed

SUD

Registrar

Cor. 12-9-27

N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT for each child, and mark the first-born, No. 1, with circled, No. 2, etc., in question 8.

NEW, of Columbia