

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.

Caw, of Columbia.

(1) PLACE OF BIRTH

County of Williamsburg...

Township of Tarpey.....

or

Inc. Town of

or

City of

(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

47679

Registration District No. 4311..... Registered No. 1.....

(For use of Local Registrar)

(2) Full Name of Child Little Ranner Lizzie Howard.. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 23, 1916</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				
FATHER.			MOTHER.	
(8) FULL NAME <u>Ernie Howard</u>			(14) NAME BEFORE MARRIAGE <u>Winnie J. Williams</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Kingsfield, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kingsfield, S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Williamsburg</u>			(18) BIRTHPLACE <u>Williamsburg</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>Two</u>			(21) Number of children of this mother now living, including present birth { <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3 A......M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. T. B. Quinn, midwife

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

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness A. O. Howard.....

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

(27) Filed June 24, 1916 (28) W. E. Snowder 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.