

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Cutawhatchie
 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

41115

Registration District No. 208 Registered No. 116
 (For use of Local Registrar)

(No. 401116 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 Edward Howard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 5 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Howard(9) PRESENT POSTOFFICE OF FATHER Cross S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Beaufort Co.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Levine(15) PRESENT POSTOFFICE OF MOTHER Cross S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Beaufort Co.(19) OCCUPATION farmer(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Felicia Bryan(24) State whether Midwife (25) Address of Physician or Midwife Cross S.C.

Given name added from a supplemental report

(26) Witness Rellie Cross
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 14 1922 (28) D.W. Cross 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.

THIS FORM IS RESERVED FOR BINDING. WHEN UNFOLDING INC.—THIS IS A PERMANENT RECORD. 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.