

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *Bucksprings*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

74703

Registration District No. *10-C* Registered No. *154*
(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. *Allie Howell* 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 *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug 11* 191*6*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *H. B. Howell*(9) PRESENT POSTOFFICE OF FATHER *Willford SC*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *SC*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bula Moon*(15) PRESENT POSTOFFICE OF MOTHER *Willford*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *Housework*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10* *A.M.*,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *R. L. Thompson*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife*Durham Innan SC*

Given name added from a supplemental report

191*6*

Registrar

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

(27) Filed *Aug 31* 191*6* (28) *E. L. Copers* 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.