

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

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County of *Spartanburg*

STATE OF SOUTH CAROLINA.

74703

Bureau of Vital Statistics
State Board of Health

Township of *Buckspring*

Registration District No. *10-C* Registered No. *154*
(For use of Local Registrar)

or
Inc. Town of (No. St.; Ward)

City of (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*
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *H. B. Howell*

(9) PRESENT POSTOFFICE OF FATHER *Wellford SC*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *23* (Years)

(12) BIRTHPLACE *SC*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bula Moon*

(15) PRESENT POSTOFFICE OF MOTHER *Wellford*

(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.*,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *R. P. Thompson*

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

Physician Inman SC

Given name added from a supplemental report

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

(27) Filed *Aug 31 1916* (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.