

Form No. 1

(1) PLACE OF BIRTH

County of Bamberg

Township of Easton

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

58648

Registration District No. 402 Registered No. 25

(For use of Local Registrar)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(2) Full Name of Child Lois M. Howard

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

(6) Are Parents Married? yes

(7) DATE OF BIRTH May 9 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Thomas Howard

(14) NAME BEFORE MARRIAGE Miss Mary

(9) PRESENT POSTOFFICE OF FATHER Bramanville

(15) PRESENT POSTOFFICE OF MOTHER do

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Bramanville

(18) BIRTHPLACE Bramanville

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

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

(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 Born alive (Born alive or stillborn) 7 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Thomas Howard

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

Given name added from a supplemental report

(26) Witness

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

191  
Registrar

(27) Filed May 15 1916

(28)

J. H. Steedly 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.

MAILED 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.

MAILED 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.