

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

File No.—For State Registrar Only

522

County of San Diego

Township of Marysville

Inc. Town of .....

Registration District No. 4102 Registered No. 11

(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 Melba Howard If child is not yet named, make supplemental report as directed

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(A) BOY OR GIRL <i>Girl</i>	(C) Twin or Triplet? To be answered only in event of Twin or Triplet	(B) Number in order of birth	(D) Are Parents Married? <i>Yes</i>	(F) DATE OF BIRTH <i>Feb 20 1923</i> (Name of Month) (Day) (Year)
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(Name of Month) (Day) (Year)

**FATHER**

(b) FULL NAME Mallie Howard

9) PRESENT POSTOFFICE OF FATHER *Manassville*

(10) COLOR OR RACE *tal* (11) AGE AT LAST BIRTHDAY *28*  
(Years)

(7d) BIRTHPLACE SP

(13) OCCUPATION Farmer

(2) Number of children born to \_\_\_\_\_ 4

mother, including present birth 1-2

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Melba Howard*

(10) PRESENT POSTOFFICE OF MOTHER *Maryville, SE*

(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *26*  
(Years)

(10) BIRTHPLACE ST

(10) OCCUPATION  
Farmer.

(21) Number of children of this mother | *K*

**new living, including present birth** | **DISCOUNT HUNDRED THIRTYTHREE**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) [Signature]

(24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
Signature of Witness necessary only

(Signature of Witness necessary only  
when question 22 is signed by mark)

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Registrar

(27) Filed Mar 2 1983 (28) C. Rooh

\*When there was no attending physician or midwife, then the father, householder, etc. should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.