

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.
MED. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lincoln
Township of Cedar Creek
OR
Inc. Town of.....
OR
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 2882

File No.—For State Registrar Only
30914

Registered No. 42
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

W. T. Howell Jr.

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? Yes (7) DATE OF BIRTH Sept 28, 22
(Named Month) (Day) (Year)

FATHER
(8) FULL NAME Fernon Howell
(9) PRESENT POSTOFFICE OF FATHER Lincoln B# 3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Year) (12) BIRTHPLACE Lincoln
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Maddeline Beckham
(15) PRESENT POSTOFFICE OF MOTHER Lincoln B# 3
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Year) (18) BIRTHPLACE Lincoln
(19) OCCUPATION Housewife
(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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. T. Howell

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Lincoln

Given name added from a supplemental report

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

(27) Filed Sept 25, 22 (28) Dr. A. C. Carter 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.