

## (1) PLACE OF BIRTH

County of CharlestonTownship of Lydonor  
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

3604

Registration District No. 1576Registered No. 2  
(For use of Local Registrar)

## (2) Full Name of Child

Ellen Howell

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1st(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James J. Howell(9) PRESENT POSTOFFICE OF FATHER Lydon(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE Lydon(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Ellen Howell(15) PRESENT POSTOFFICE OF MOTHER Lydon(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE Lydon(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 at Lydon on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James J. Howell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lydon

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 23

(28)

R. M. Jones  
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.

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