

PRINTED IN THE UNITED STATES OF AMERICA FOR EACH CHILD, and must be  
 PRINTED IN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		7730	
Township of <u>Greenville</u>		Bureau of Vital Statistics		96	
Inc. Town of <u>Greenville</u>		State Board of Health		(For use of Local Registrar)	
City of <u>Greenville</u>		Registration District No. <u>2209 B</u>		Registered No. <u>96</u>	
(No. <u>17</u> St. <u>5th</u> )		If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Ward <u>96</u>	
(2) Full Name of Child <u>B. E. Sue Howard</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 18 1932</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Owen Spotswood Howard</u>			(14) NAME BEFORE MARRIAGE <u>Essie Jane Hunt</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Miss Spotswood</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born 4:30 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>			(25) Address of Physician or Midwife <u>Greenville</u>		
(24) State whether Physician or Midwife <u>M.D.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>[Signature]</u>		
(27) File <u>Mar 19 1932</u>			(28) Local Registrar <u>[Signature]</u>		

\*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.