

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. - For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		24090	
Township of <u>Wadesville</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
or City of .....		Registration District No. <u>4101</u>		Registered No. <u>54</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Lizzie Howard</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 29, 1922</u>	
				(Place of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Bland Howard</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Presley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Dalzell S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dalzell S.C.</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Cal</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u>			(17) AGE AT LAST BIRTHDAY <u>30</u>		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9 P.M.</u> on the date above stated.					
(Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sellie Marx</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Dalzell S.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>Mrs. Eva Binketh</u>					
(Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>July 1922</u> (28) <u>J.B. Raffield</u> 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.