

(1) PLACE OF BIRTH  
 County of Richland  
 Township of Bellevue  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only  
91569

Registration District No. 3800 Registered No. 165  
 (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 Gertrude Howard If child is not yet named, make supplemental report as directed

(3) ~~Sex~~ GIRL?  (4) Twin or Triplet?  (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12 16  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Howard</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude Green</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Blythewood</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blythewood</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>
(12) BIRTHPLACE <u>Gaithers Co S.C.</u>	(13) OCCUPATION <u>Farm Hand</u>	(18) BIRTHPLACE <u>Richland Co S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sallie Franier  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Blythewood

Given name added from a supplemental report .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. M. Lean

..... 19 .....

(27) Filed Dec 17 16 (28) W. M. Lean 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.