

(1) PLACE OF BIRTH

County of Barnwell
 Township of Blackville
 or
 Inc. Town of ..
 or
 City of ..

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

63148

Registration District No. 504 Registered No. 36

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. Ward

(2) Full Name of Child Sarah Howard } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Swim or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 3, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>James Howard</u>	(14) NAME BEFORE MARRIAGE <u>Amanda Butler</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Blackville, S.C., R.F.D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blackville, S.C., R.F.D.</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
(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>Five</u>	(21) Number of children of this mother now living, including present birth } <u>Five</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour or P.M.)(23) (Signature) Sarah M. Drummond(24) State whether Physician or Midwife (25) Address of Physician or Midwife Blackville, S.C., R.F.D.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled June 3, 1916 (28) E. B. Drummond
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
 WHITE PAPER, WITH ENCASED 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.
 Div. of Columbia