

(1) PLACE OF BIRTH

County of BarnwellTownship of Blackville

Inc. Town of

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

63148

Registration District No. 504 Registered No. 36

(For use of Local Registrar)

(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) 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 3, 1916</u>
				(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Howard(9) PRESENT POSTOFFICE OF FATHER Blackville, S.C., R.F.D.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth FiveMOTHER.
(14) NAME BEFORE MARRIAGE Amanda Butler(15) PRESENT POSTOFFICE OF MOTHER Blackville, S.C., R.F.D.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Five

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. (Hour 5 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) Filed 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 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 PLAINLY, WITH UNFADING 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 N. No. 1, THE OTHER N. No. 2, etc., in question 5.
 Div. of Columbia