

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, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia, S. C.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Butler
 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
77225

Registration District No. 2207 Registered No. 66
 (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 Nivon Waid Howell (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>8 26 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Nivon Howell</u>	(14) NAME BEFORE MARRIAGE <u>Grace Hudson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Greer R 4</u>	(16) COLOR OR RACE <u>White</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Greer R 4</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(11) COLOR OR RACE <u>White</u>	(18) BIRTHPLACE <u>Greenville S.C.</u>
(12) BIRTHPLACE <u>Greenville S.C.</u>	(19) OCCUPATION <u>Housewife</u>	(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>4</u>
(20) Number of children born to mother, including present birth <u>4</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 Born Alive (Born alive or stillborn) 5:45 P. M. (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) J. W. Pate, M.D.
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Greenville R 2

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. C. Pate, M.D.

(27) Filed Oct 10 1916 (28) W. C. Pate, M.D. 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.

K O D