

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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
79531

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child *Lilia Howard*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age Parents Married

(7) DATE OF BIRTH

Sept 18 6

FATHER.

(8) FULL NAME

Eugene Howard

(9) PRESENT POSTOFFICE OF FATHER

Claremonts

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Howard

(15) PRESENT POSTOFFICE OF MOTHER

Claremont S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3:30* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lilia Howard

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Claremont S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed "mark")

(27) Filed

Sept 18 6

(28)

B. J. Sanders

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.