

(1) PLACE OF BIRTH

County of Horry

Township of

or
Inc. Town ofCity of Buckspart

(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

34892

Registration District No. Registered No.

(For use of Local Registrar)

(2) Full Name of Child H. W. Howard Jr. { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
(to be entered only in case of twins or triplets)(6) Are Parents Married? Yes(7) DATE OF BIRTH 26 28 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. W. Howard(9) PRESENT POSTOFFICE OF FATHER Buckspart SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Buckspart Horry(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Martin(15) PRESENT POSTOFFICE OF MOTHER Buckspart SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Port Charles Horry(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated. (Born (alive or stillborn) (Hour A. M. or P. M.))(23) (Signature) P. B. Chilton Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Bucksville SC

Given name added from a supplemental report

..... 1922

C. C. Mann
Registrar

(26) Witness

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

(27) Filed Oct. 15, 1922 C. C. Mann

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.

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.

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.
McGaw, of Columbia.