

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of Pelzer, S.C.

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

Registration District No. 32

File No. — For State Registrar Only

3848Registered No. 186
(For use of Local Registrar)(2) Full Name of Child B. T. Howard

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

3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age of Mother 22(7) DATE OF BIRTH Feb 22 1923

(Name of Month) (Day) (Year)

8) FULL NAME B. T. J. Howard

FATHER

9) PRESENT POSTOFFICE OF FATHER Pelzer, S.C.10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27

(Year)

12) BIRTHPLACE S.C.13) OCCUPATION mill work20 Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Leila Henderson

MOTHER

(15) PRESENT POSTOFFICE OF MOTHER Pelzer, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 16

(Year)

(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:20 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) H. T. Morton(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Pelzer, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 5 1924(28) H. T. Morton Local Registrar

When there was no attending physician or midwife, when 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.