

## (1) PLACE OF BIRTH

County of CoaldalenTownship of Warrenor  
Inc. Town of .....

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 Minnie Elizabeth Howard3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 2 6) Are Parents Married? yes DATE OF BIRTH Oct. 22, 1922  
(Name of Month) (Day) (Year)FATHER.  
8) FULL NAME Gadsden Howard  
9) PRESENT POSTOFFICE OF FATHER Smoores S.C.  
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 19  
(Years)  
12) BIRTHPLACE Smoores S.C.  
13) OCCUPATION Farmer  
20) Number of children born to mother, including present birth TwoMOTHER.  
14) NAME BEFORE MARRIAGE Reetha Herndon  
15) PRESENT POSTOFFICE OF MOTHER Smoores S.C.  
16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 20  
(Years)  
18) BIRTHPLACE S.C.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. Thompson(24) State whether Physician or Midwife physician (25) Address of Physician or Midwife Smoores 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 3, 1923 (28) Mattie Kinsey  
Registrar 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

41887

Registration District No. 1410 Registered No. 1157  
(For use of Local Registrar)(No. .... St.; .... Ward)  
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