

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Center

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11866

Registration District No. 6 Registered No. 7

(For use of Local Registrar)

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

(3) SEX OF CHILD <u>girl</u>	(4) Type of Triple <u>To be answered only in case of Triple or Quadruple</u>	(5) Number in order of birth	(6) Age Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>March 2, 1923</u> (Name of Month) (Day) (Year)
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FATHER.			MOTHER.		
(8) FULL NAME <u>Eddie Howard</u>	(14) NAME BEFORE MARRIAGE <u>Annie Carter</u>		(14) NAME BEFORE MARRIAGE <u>Annie Carter</u>		
(9) PRESENT RESIDENCE OF FATHER <u>English St.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>English St.</u>		(15) PRESENT RESIDENCE OF MOTHER <u>English St.</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Year)		(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)	
(12) BIRTHPLACE <u>Richland Co. S.C.</u>			(18) BIRTHPLACE <u>Richland Co. S.C.</u>		
(13) OCCUPATION <u>Harmon</u>			(19) OCCUPATION <u>house wife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 8 ... P.M., on the date above stated. (Sign alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Mary Smith (24) Name whether Physician or Midwife Midwife (25) Address of Physician or Midwife English St.

Given name added from a supplemental report

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

(27) Signed 2.1 ... to 2.3 (28) R. B. Campbell 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Vital Statistics, Columbia, S. C.