

(1) PLACE OF BIRTH

County of Wayne
 Township of Hicketh

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30630

Inc. Town of Registration District No. 2400 Registered No. 116
 or (For use of Local Registrar)
 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 John Howard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Howard(9) PRESENT POSTOFFICE OF FATHER Edell St.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Waynesboro(13) OCCUPATION Farm(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Edell St.(15) PRESENT POSTOFFICE OF MOTHER Edell St.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Waynesboro(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 11 P. M.
 on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Phyllis D. Rayton
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Waynesboro

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(26) File Sept 16 1912 (27) R. E. Dickinson 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.

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W. F. Ellis