

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3937

Registration District No. 2105

Registered No. 5
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

John J. Howard

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

1. BOY OR GIRL

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH 6-21-23
(Name of Month) Day (Year)

FATHER.

3. FULL NAME

John J. Howard

4. PRESENT POSTOFFICE OF FATHER

Hammaway St.

10. COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

12. BIRTHPLACE

Georgetown Co. S.C.

13. OCCUPATION

farmer

20. Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Howard

(15) PRESENT POSTOFFICE OF MOTHER

Hammaway St.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

35

(18) BIRTHPLACE

Georgetown Co. S.C.

(19) OCCUPATION

housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State, whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

March 3, 1923

(28) 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.