

## (1) PLACE OF BIRTH

County of **LEXINGTON**Township of **BULL SWAMP**

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

**43474**Registration District No. .... Registered No. ....  
(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.)

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

(2) Full Name of Child **Minnie Lee Howell**

(3) BOY OR GIRL <b>Girl</b>	(4) Twin or Triplet? <input checked="" type="checkbox"/> To be answered only in event of Twin or Triplet	(5) Number in order of birth <b>1</b>	(6) Are Parents Married? <b>Yes</b>	(7) DATE OF BIRTH <b>Dec 27 1927</b> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <b>Minnie Howell</b>	(11) AGE AT LAST BIRTHDAY <b>27</b> (Years)
(9) PRESENT POSTOFFICE OF FATHER <b>Gaston SC</b>	
(10) COLOR OR RACE <b>Blk</b>	
(12) BIRTHPLACE <b>Richland</b>	
(13) OCCUPATION <b>Domestic</b>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <b>Minnie Peyton</b>	(17) AGE AT LAST BIRTHDAY <b>27</b> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <b>Gaston SC</b>	
(16) COLOR OR RACE <b>Blk</b>	
(18) BIRTHPLACE <b>Livingston Co</b>	
(19) OCCUPATION <b>Pepper</b>	
(21) Number of children of this mother now living, including present birth <b>1</b>	

(20) Number of children born to mother, including present birth

## 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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Mary Howell**  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
**Midwife** **Gaston**

Given name added from a supplemental report

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

(27) Filed **Dec 27 1927** (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.

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