

## (1) PLACE OF BIRTH

County of Marion  
 Township of Reaves  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

35543

Registration District No. 3705 Registered No. 87  
 (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 Charles P. Howard If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 20 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Lill Howard</u>	(14) NAME BEFORE MARRIAGE <u>Cassie Bruce</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Mullins</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins</u>
(10) COLOR OR RACE <u>B</u>	(11) AGE AT LAST BIRTHDAY <u>37</u>	(16) COLOR OR RACE <u>B</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>
(12) BIRTHPLACE <u>Marion Co.</u>	(18) BIRTHPLACE <u>Marion Co.</u>	(19) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>4</u>
(13) OCCUPATION <u>Farmer</u>	(20) Number of children of this father now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1740 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann M. James  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mullins SC

Given name added from a supplemental report .....  
 (26) Witness Ann M. Schaffer (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct. 30 1916 (28) Ann M. Schaffer 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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