

## (1) PLACE OF BIRTH

County of Lancaster Co.Township of Little Creekor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2804

No. for State Registrar Only

35158

Registered No. 194  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Howard If child is not yet named, make supplemental report as directed(3) BOY OR GIRL 2 (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age of Person Married 2 (6) DATE OF BIRTH Oct 14 1922 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Leroy J. Howard(9) PRESENT POSTOFFICE OF FATHER Lancaster SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Lancaster Co(13) OCCUPATION Truck Driver(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Flora's name(15) PRESENT POSTOFFICE OF MOTHER Lancaster SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36 (Year)(18) BIRTHPLACE Lancaster SC(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 born at 3:10 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report

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

(27) 11/3 (28) 12/1 (29) [Signature] 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.