

CONTAINS 1001 DISCRETELY NUMBERED

County of Jefferson
Township of Washington
or
Inc. Town of.....
or
City of

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

3205

Registration District No. Registered No.

Registered No.
(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 Ugnes Howard ----- (If child is not yet named, make supplemental report as directed)

(4) Twin or Triplet? Y (3) Number in order of birth 6 (5) Are Parents Married? yes

BIRTH Feb 9 22
(Name of Month) (Day) (Year)

MOTHER

(3) FULL NAME John Howard

3) PRESENT POSTOFFICE OF FATHER *Guerrero*

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 40
(Years)

12 BIRTHPLACE *North Carolina*

(13) OCCUPATION
D.D. - 18

27) Number of children born to mother, including present birth: 6

(14) NAME BEFORE MARRIAGE *Ellen Halmer*

(15) PRESENT POSTOFFICE OF MOTHER *Yemassee*

(15) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Year)

(18) BIRTHPLACE
North Carolina

(18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Given name added from a supplementary report

(2) Wilson

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

(27) Filed

13 (18) Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even once ill, it must be reported as stillborn. No report is desired of stillbirths where the 5th month of pregnancy.