

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cresh Springs
 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

20161

Registration District No. 40002 Registered No. 37
 (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 Lafayette Howie

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1922
 To be answered only in event of Twins or Triplets (Name of Month, (Day) (Year)

FATHER.

(8) FULL NAME James Howie
 (9) PRESENT POSTOFFICE OF FATHER Incogau S C
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE K. C.
 (13) OCCUPATION Mill work

MOTHER.

(14) NAME BEFORE MARRIAGE Elara Rollins
 (15) PRESENT POSTOFFICE OF MOTHER Incogau S C
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (Years)
 (18) BIRTHPLACE Spartanburg Co
 (19) OCCUPATION House wife
 (20) Number of children born to mother, including present birth Two (2)
 (21) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. B. Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Incogau S C

Given name added from a supplemental report

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

(27) Filed June 15, 1922 (28) S. B. Moore
 Registrar 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.