

(1) PLACE OF BIRTH

County of MarengoTownship of Brownsvilleor
Inc. Town of
or

City of

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

(2) Full Name of Child Azalee Howard(3) BOY OR
GIRL? Girl(4) Twin
or Triplet?(5) Number in
order of birth
(to be answered only in case of Twins or Triplets)(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH Sept. 11, 1922
(Name of Month) (Day) (Year)If child is not yet named, make
supplemental report as directed

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
father, including present birth

MOTHER

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplement
report

Registrar

(26) Witness

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

(27) Filed

Sept. 19, 1922

(28)

P. D. Rogers
Local RegistrarIf there was no attending physician or midwife, then the father, householder, etc., should make this return. If
child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.

before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31305

Registered No. 46

(For use of Local Registrar)