CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 22789

Registration District No. 42 A Registered No. 116
(For use of Local Registrar)

(1) PLACE OF BIRTH
County of Monroe
Township of .....
or
Inc. Town of .....
or
City of Lucedale (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 Ruth Ella Howle (If child is not yet named, make supplemental report as directed)

(3) Source Office ✓ | (4) Twin or Triplet ..... | (5) Number in order of birth ..... (To be answered only in event of Twins or Triplets) | (6) Are Parents Married Yes | (7) DATE OF BIRTH 7/25 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. L. Howle Jr.
(9) PRESENT POSTOFFICE OF FATHER Lucedale
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE Starlandsburg S.C.
(13) OCCUPATION Merchant

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Lambright
(15) PRESENT POSTOFFICE OF MOTHER Lucedale
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Starlandsburg S.C.
(19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth 10
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Male at 7:30 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. H. Hall Jr. M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 8/10 1923 (28) [illegible]
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