

(1) PLACE OF BIRTH

County of Barren
Township of Blacksville
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

3165

Registration District No. 504 Registered No. ?
(For use of Local Registrar)

or
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 Hubert Howard { If child is not yet named, make supplemental report as directed

1. BOY OR GIRL	4. Twin or Triplet?	(5) Number in order of birth
1011		

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH Jan 11, 1922
(Name of Month) (Day) (Year)

FATHER.

3) FULL NAME Howard

9) PRESENT POSTOFFICE OF FATHER Blackville

(10) COLOR OR RACE *W. P. 1* (11) AGE AT LAST BIRTHDAY *31* (Years)

12 BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....alive.....at.....4:45.....M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(23) (Signature) _____
(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 10 1922 (25) O. O. Hammond
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.