

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
Cav. of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Stacyor
Inc. Town ofor
City of(If birth occurs in a hospital or (No.) Registration District No. 2-7-95 Registered No. 7
(For use of Local Registrar)
St.; Ward)(2) Full Name of Child Pearl Howard{ If child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL? girl(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 Feb. 13-46
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Jones Howard(9) PRESENT
POSTOFFICE
OF FATHER Tigerville S.C.(10) COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 23
(Years)

(12) BIRTHPLACE

Greenville co S.C.

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth3

MOTHER.

(14) NAME BEFORE
MARRIAGE Ollie Bugman(15) PRESENT
POSTOFFICE
OF MOTHER Tigerville S.C.(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 28
(Years)

(18) BIRTHPLACE

Greenville co S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement
report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb 23 191

(28)

G. V. Phillips
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.

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

10014