

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Conteror
Inc. Town ofor
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 Mary Lee Howell

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH May 10, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leonard Howell(9) PRESENT POSTOFFICE OF FATHER Edgewood S.C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Richland Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Jones(15) PRESENT POSTOFFICE OF MOTHER Edgewood S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Richland Co S.C.(19) OCCUPATION House Wife(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... White... at 10 P.M....
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nellie R. Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Edgewood 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 May 11, 1922(28) A. R. Jones
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.