

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens  
 Township of Pickens  
 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  
**36091**

Registration District No. 3704 Registered No. 71  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name & same instead of street and number.)  
 No. .... St.; ..... Ward

(2) Full Name of Child Coy Howard

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 10, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Pugus H Howard  
 (9) PRESENT POSTOFFICE OF FATHER Pickens # 5  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)  
 (12) BIRTHPLACE Georgien  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Mattie Bowen  
 (15) PRESENT POSTOFFICE OF MOTHER Pickens  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Year)  
 (18) BIRTHPLACE Pickens Co.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Elizabeth Garrett  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pickens # 2

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov. 10, 1922 (28) J. M. Smith 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 required of stillbirths before the fifth month of pregnancy.