

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of H. 4  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 24493  
 (For use of Local Registrar)

Registration District No. 7.10 Registered No. 104  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Archie Howell If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Male 4) Twin or Triplet No 5) Number in order of birth No 6) Age No 7) DATE OF BIRTH Aug 11 1923  
 (Name) (Month) (Day) (Year)

FATHER: 8) FULL NAME Bryant Howell 9) PRESENT POSTOFFICE OF FATHER Not Known 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY ..... (Year) 12) BIRTHPLACE Georgetown, Cong SC 13) OCCUPATION Farmer

MOTHER: 14) NAME BEFORE MARRIAGE Lillie Belle Bonson 15) PRESENT POSTOFFICE OF MOTHER Dead 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 18 (Year) 18) BIRTHPLACE Williamburg Cong SC 19) OCCUPATION Domestic

20) Number of children born to mother, including present birth 1 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 Male 8.7 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alvin Myers Meddick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Chen SC

Given name added from a supplemental report

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

(27) Signed Aug 15 1923 (28) Alvin Myers Meddick 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.

\*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.

THIS IS A PRELIMINARY RECORD. 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 3.