

Form No. 1

## (1) PLACE OF BIRTH

County of Berkeley  
 Township of Eutaw  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For Stats Registrar Only

6656

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Registration District No. 708 Registered No. ....  
 (For use of Local Registrar)

(2) Full Name of Child Annie 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Mch. 11, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Russell Howell(9) PRESENT POSTOFFICE OF FATHER Eutawville, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27  
 (Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Eva Mitchell(15) PRESENT POSTOFFICE OF MOTHER Eutawville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive... at 12 day  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Patty Rumbert (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Earlytown, S.C.

Given name added from a supplemental report

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

(27) Filed Mch 21, 1922 (28) D.W. Cross  
 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.