

Form No. 1 ** By Court Order: 7/26/74*

(1) PLACE OF BIRTH

County of *Darlington*
Township of *Sydney*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

76672

Inc. Town of Registration District No. *1586* Registered No. *81*
City of ** Elise Howell* (No.) (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. *Sarah Howell*

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 *2* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Sept. 1, 1974*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Luther M. Howell*
(9) PRESENT POSTOFFICE OF FATHER *Lanuar S.C. #1*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32* (Years)
(12) BIRTHPLACE *Darlington Co.*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *Two*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mamie Taylor*
(15) PRESENT POSTOFFICE OF MOTHER *Lanuar S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)
(18) BIRTHPLACE *Darlington Co.*
(19) OCCUPATION *House Keeping*
(21) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *R. B. Strick*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Sydney S.C.*

Given name added from a supplemental report

C.O. # 2315, 101...
Filed 8/8/74 *Reg.* Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Sept 10 1974* (28) *R. M. Jacey* 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.

ISSUE FULL-SIZED COPY ONLY

WHEN PLAINED, WITH VOUCHER, SEE BUREAU OF VITAL STATISTICS, N. H.—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.
McCaw, of Columbia