

Form No 1.

## (1) PLACE OF BIRTH

County of GeorgetownTownship of St. LouisInc. Town of St. LouisCity of St. Louis

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42912

Registration District No. 2105 Registered No. 74

(For use of Local Registrar)

(2) Full Name of Child Stanley Henry Howard

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 7

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME St. Howard(9) PRESENT POSTOFFICE OF FATHER Doris St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE Georgetown S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Essie Smith(15) PRESENT POSTOFFICE OF MOTHER Doris St.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE Georgetown S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 10:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. M. Marshall(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Doris St.

(Given name added from a supplemental report)

(26) Witness Dr. M. Marshall

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

(27) Filed Dec. 17, 1915 (28) J. L. McCreary

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.

MARGIN RESERVED FOR BINDING.

WHITE 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 3.

Caw. of Columbia