

FORM NO. 5 MARGIN RESERVED FOR BINDING.

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.

McClaw, of Columbia.

(1) PLACE OF BIRTH
County of Charleston S.C.
Township of
or
Inc. Town of
or
City of Charleston S.C.
(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
84622

Registration District No. 9A Registered No. 1234
(For use of Local Registrar)
No. 7 Senate St. St.; Ward

(2) Full Name of Child Hortense Herman Howard 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 One (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 6, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Herman Howard
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Tinner
(20) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Leonia Vivian Rodericks
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Charleston S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Howard

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 139 Wentworth St.

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filled 11/8/16 (28)
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.