

MARGIN RESERVED FOR FINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS
 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 8.

(1) PLACE OF BIRTH

County of Lee
 Township of Turkey Creek
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19349

Registration District No. 3009 Registered No. 27
 (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 James Preston How (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL 13 (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH June 8, 1922
 (Specify of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John How
 (9) PRESENT POSTOFFICE OF FATHER Lucknow Sp.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE S. C. U. S. A.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth three

MOTHER.
 (14) NAME BEFORE MARRIAGE Flouence How
 (15) PRESENT POSTOFFICE OF MOTHER Lucknow Sp.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE S. C. U. S. A.
 (19) OCCUPATION domestic
 (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 Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leveria Smith
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 19
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 15, 1922 (28) J. O. Rogers 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.