

(1) PLACE OF BIRTH

County of Lexington
 Township of Saluda
 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
35430

Registration District No. 3!!! Registered No. 35
 (For use of Local Registrar)

(2) Full Name of Child Cecil Burns

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

1. BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct. 7, 1922
 (Name of Month) (Day) (Year)

FATHER.
 8. FULL NAME Claude Bernard Howman
 9. PRESENT POSTOFFICE OF FATHER Irmo
 10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
 (Years)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 1

MOTHER.
 14. NAME BEFORE MARRIAGE Rhena Lucille Fulmer
 15. PRESENT POSTOFFICE OF MOTHER Irmo
 16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Years)
 18. BIRTHPLACE S.C.
 19. OCCUPATION Housewife
 21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Case (24) State whether Physician or Midwife (25) Address of Physician or Midwife Kettle Mountain

Given name added from a supplemental report

(26) Witness J. W. Weisinger (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Oct 16, 1922 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.