

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Florence  
Township of M. C. Millan  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(2) Full Name of Child David Wood Howard { If child is not yet named, make supplemental-report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>aug 4 1896</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>D. K.</u>			(14) NAME BEFORE MARRIAGE <u>Eliza Howard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>D. K.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Claussen S. C.</u>	
(10) COLOR OR RACE <u>"</u>	(11) AGE AT LAST BIRTHDAY <u>"</u> (Years)	(16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>"</u>	(18) BIRTHPLACE <u>S. C.</u>			
(13) OCCUPATION <u>"</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Della Roberson  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Claussen S. C.

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

(26) Witness W. H. Claussen  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 8-6 19 16 (28) W. H. Claussen 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.