

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

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

(1) PLACE OF BIRTH
 County of Georgetown
 Township of Laurens # 6
 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 Joseph Piusiney Howard (child is not yet named, make supplemental report as directed)

(3) 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** Nov 5th 1916
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joseph Howard</u>	(14) NAME BEFORE MARRIAGE <u>Agnes Lorible</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Dunvegan S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dunvegan S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Georgetown County</u>	(18) BIRTHPLACE <u>Georgetown County</u>	(13) OCCUPATION <u>Farm Laborer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
(22) I hereby certify that I attended the birth of this child, who was <u>Roma Alina</u> at <u>10.4 M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)			
(23) (Signature) <u>A. W. Marsh</u>		(25) Address of Physician or Midwife <u>Cates S.C.</u>	
(24) State whether Physician or Midwife <u>Midwife</u>		(26) Witness <u>A. L. Lorible</u> (Signature of Witness necessary only when question 23 is signed by mark)	
Given name added from a supplemental report		(27) Filed <u>Nov 7 1916</u> (28) <u>J. L. W. Cracker</u> Registrar 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.

File No.—For State Registrar Only
85695

McCAW OF COLUMBIA, COLUMBIA, S. C.