

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Turgina Irene Howell

3) Number in order of birth
 4) Twin or Triplet
 5) Sex
 6) Age
 7) Date of Birth
 8) Parents Married
 9) Month
 10) Day
 11) Year

To be answered only in event of Twin or Triplet

FATHER.

12) NAME BEFORE MARRIAGE Irvin H. Howell13) PRESENT POSTOFFICE OF FATHER Charleston SC14) COLOR OR RACE White15) AGE AT LAST BIRTHDAY 29 Years16) BIRTHPLACE Charleston SC17) OCCUPATION Mass. weight18) Number of children born to native, including present birth Four

MOTHER.

19) NAME BEFORE MARRIAGE Lucia Host20) PRESENT POSTOFFICE OF MOTHER Charleston SC21) COLOR OR RACE White22) AGE AT LAST BIRTHDAY 25 Years23) BIRTHPLACE Walterboro SC24) OCCUPATION Domestic25) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was born alive at 11:15 A.M. on the date above stated.(27) (Signature) [Signature](28) State whether Physician or Midwife Midwife(29) Address of Physician or Midwife 15 Rutledge St.

Given name added from a supplemental report?

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

(31) Filed 2/19/19 by [Signature]

(32) Where shown was the attending physician or midwife, then the father, householder, or other person should make this return if a child, whether or not, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(33) Given name added from a supplemental report

(34) Address

(35) Filed 2/28/19 by [Signature]

(36) Registrar

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A(No. 32 Romney)St. Ward

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

File No.—For State Registrar Only

3356198Registered No. 198

(For use of Local Registrar)

St. Ward

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

Date of Birth Jan 8 1919Month Jan Day 8 Year 1919Parents Married Yes

MOTHER.

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(33) Given name added from a supplemental report

(34) Address

(35) Filed 2/28/19 by [Signature]

(36) Registrar

Given name added from a supplemental report

Address

Filed 2/28/19 by [Signature]

Registrar

Given name added from a supplemental report

Address

Filed 2/28/19 by [Signature]

Registrar

Given name added from a supplemental report

Address

Filed 2/28/19 by [Signature]

Registrar