

USE SEPARATE BLANK FOR EACH CHILD, and when the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH
 County of Richland
 Township of Lower
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 3803 Registered No. 216
 (For use of Local Registrar)

(2) Full Name of Child Hubert Howell
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 20, 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Charlie Howell</u>			(14) NAME BEFORE MARRIAGE <u>Pauline Bommer</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hopkins S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hopkins S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Tanning</u>			(19) OCCUPATION	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Charles Bommer
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hopkins S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. M. Gorman
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/8/23 (28) Mrs. J. M. Gorman
 Local Registrar.

When there is a stillbirth, the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.