

Form No. 10. MARRIAGE REGISTER. WITH UNFADING INK—THIS IS A TWINKLE-TOO-FAST FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Berkley  
 Township of St. James  
 OR  
 Inc. Town of \_\_\_\_\_  
 OR  
 City of Summerville

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

File No.—For State Registrar Only  
48194

Registration District No. 741 Registered No. Nine (9)  
(For use of Local Registrar)

(2) Full Name of Child Walter Howard

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1  
To be answered only in case of twins or triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH 24 Feb 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME R. H. Howard

(9) PRESENT POSTOFFICE OF FATHER Summerville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

(12) BIRTHPLACE Summerville

(13) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ellen Platt

(15) PRESENT POSTOFFICE OF MOTHER Summerville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Summerville

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. ...  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_, 191...  
 \_\_\_\_\_ Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 20 1916 (28) R. J. ... 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.

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