

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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76183

Registration District No. 1000 Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child Thena Martha Howell { If child is not yet named, make supplemental report as directed(3) SEX OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 8, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Grigg Howell(9) PRESENT POSTOFFICE OF FATHER Grover D.C. R.#1(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39

(Years)

(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 5 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Laur Goforth(15) PRESENT POSTOFFICE OF MOTHER Grover D.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34

(Years)

(18) BIRTHPLACE Chesland, Co. N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 4 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John Grigg Howell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

FatherGrover D.C.

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 Oct 7 1916 (28) J. A. Dickson 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.