

## (1) PLACE OF BIRTH

County of BerkeleyTownship of Centerville

or

Inc. Town of

or

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

File No. — For State Registrar Only

63286

Registration District No. 708 Registered No. 192

(For use of Local Registrar)

(2) Full Name of Child Wesley Howell

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 27<sup>th</sup> 1916

## FATHER.

(8) FULL NAME Edmond Howell(9) PRESENT POSTOFFICE OF FATHER Ferguson S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Everson(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Subbie Ferley(15) PRESENT POSTOFFICE OF MOTHER Ferguson(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Rock(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 p M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. C. Richardson

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

Midwife Lowes S.C.

Given name added from a supplemental report

(26) Witness G. M. Lowes

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

(27) File July 2<sup>nd</sup> 1916 (28) D. W. Lowes

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.

MARGIN RESERVED FOR INDEXING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. S. 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. M. Caw. of Columbia.