

(1) PLACE OF BIRTH

County of SpartanburgTownship of Beech Springs

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. 44112

File No. - For State Registrar Only

37626

Registered No. 132
(For use of Local Registrar)(2) Full Name of Child Howell Cantrel Tooley

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

(3) BOY OR GIRL <u>boy</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>Oct. 13, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>David Preston Tooley</u>	(14) NAME BEFORE MARRIAGE <u>Martha Connie Howell</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greer, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Year)
(12) BIRTHPLACE <u>Spartanburg County, S.C.</u>		(18) BIRTHPLACE <u>Greenville County, S.C.</u>	
(13) OCCUPATION <u>Salesman</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE 8:45 P. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) H. H. Jackson(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Greer, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) File Oct 20 1923 (28) 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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