

FORM NO. 1.

## (1) PLACE OF BIRTH

County of MainfieldTownship of H. B.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

46148

(2) Full Name of Child Robert James Howard

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

Is he answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 26 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James G. Howard(9) PRESENT POSTOFFICE OF FATHER Mainfield(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 45

(Years)

(12) BIRTHPLACE Mainfield Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Justine(15) PRESENT POSTOFFICE OF MOTHER Mainfield S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37

(Years)

(18) BIRTHPLACE Mainfield Co. S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Mainfield (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Dr. J. H. Howard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Mainfield

Given name added from a supplemental report

1916

Registrar

(26) Witness James G. Howard

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

(27) Filed Jan 26 1916(28) E. J. Howard

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 BINDING.  
WHITE 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