

File No.—For State Registrar Only  
18602

County of 7.....

Township of .....

OF  
 PART OF

OF

City of .....

Registration District No. 4005

Registered No. ....  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(Attention: give name of same instead of street and number.)

(2) Full Name of Child Charles H. Howell

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

3 BOY OR  
GIRL 2-1

4) Twin or Triplet?

(5) Number in order of birth  
event of Twins or Triplets

(8) Are Parents Married? *Yes*

(7) DATE OF BIRTH June 16 1922  
(Name of Month) (Day) (Year)

## FATHER

2) FULL NAME George McDowell

PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR PAGE 2

(11) AGE AT LAST BIRTHDAY 25 (Years)

12. BIRTHPLACE Y. I. 3. 3. ter Co.

13) OCCUPATION  
Public Works

20) Number of children born to mother, including present birth: .....

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Marjorie Rose*

(15) PRESENT POSTOFFICE OF MOTHER *Texarkana, Ark.*

(15) COLOR OR RACE *B* (17) AGE AT LAST BIRTHDAY..... (Year) *7*

(15) BIRTHPLACE

*Singer* Co.

(18) OCCUPATION  
Homemaker

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) Hour ..... M. or P. M.  
on the date above stated. *Chas. McE...*

(23) (Signature) [Signature] (25) Address of Physician or Midwife

(23) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness W. J. R. [Signature]  
(Signature of Witness necessary only  
when question 13 is signed by mark) [Signature]

(27) Filed June 20, 1926 (28) 11:59 Local Registrar.

19  
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.