

(1) PLACE OF BIRTH

County of Charlotte

Township of

or Inc. Town of

or City of Charlotte

(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

3350

Registration District No. 9A Registered No. 304
(For use of Local Registrar)

(2) Full Name of Child

June Edith Howell

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

(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 20 1922
(Specify Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Wilson Howell

(9) PRESENT POSTOFFICE OF FATHER Charlotte SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Year)

(12) BIRTHPLACE St George SC

(13) OCCUPATION Salesman

(20) Number of children born to mother, including present birth 1 6

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Westberg

(15) PRESENT POSTOFFICE OF MOTHER Charlotte SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Year)

(18) BIRTHPLACE St George SC

(19) OCCUPATION Household duties

(21) Number of children of this mother now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 H.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) E. J. Jago (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 115 Radcliffe St Charlotte SC

Given name added from a supplemental report

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

(27) Filed Jan 20 1922 Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

Given name added from a supplemental report

Address 115 Radcliffe St Charlotte SC

(Date of)

Filed Jan 20 1922 Registrar

NEARLY ALL BIRTHS ARE REPORTED BY THE MOTHER OR BY A PERSON WHO HAS BEEN IN CONTACT WITH THE CHILD, AND MUST BE REPORTED TO THE LOCAL REGISTRAR WITHIN FOUR MONTHS OF BIRTH. IN CASE OF STILLBIRTHS, THE REPORT SHOULD BE MADE WITHIN ONE MONTH OF THE DATE OF THE STILLBIRTH. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.