

## (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.)

(2) Full Name of Child June Edith Howell

File No.—For State Registrar Only

3350

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9ARegistered No. 301

(For use of Local Registrar)

(No. 19 Radcliffe Place (For use of Local Registrar) (Ward) .....

(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 25 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 Webster(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 118 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 1/29 1922(28) Local Registrar. M. J. Jago

\*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

(Date of)

Address

Filed 9/28 1930Local Registrar. W. J. Jago

Local Registrar.