Form No. 1

(1) PLACE OF BIRTH

County of Colleton

Township of .....

or

Inc. Town of St. Matthews

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — by State Registrar 3060

Registration District No. 8-A Registered No. 11
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Estonia Howell (If child is not yet named, make supplemental report as directed)

(3) Boy or Girl	(4) Twin or Triplet	(5) Number in order of birth	(6) Is Twin or Triplet living	(7) Date of Birth (Name of Month) (Day) (Year)
Girl			Yes	Feb 18 1925

(4a) In case of twin or triplet only

FATHER

(8) Full Name: Benjamin Howell

(9) Present Postoffice of Father: St. Matthews

(10) Color or Race: Negro (11) Age at last birthday: 21 (Years)

(12) Birthplace: South Carolina

(13) Occupation: Tea Plant Laborer

(14) Number of children born to mother, including present birth: 1

MOTHER

(15) Maiden Name: Edna Taylor

(16) Present Postoffice of Mother: St. Matthews

(16) Color or Race: Negro (17) Age at last birthday: 15 (Years)

(18) Birthplace: South Carolina

(19) Occupation: Laundress

(20) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A. M. (Hour A. M. or P. M.) on the date above stated.

(22) (Signature) Lydia × Bingard

(23) State whether Physician or Midwife: Midwife

(24) Address of Physician or Midwife: St. Matthews

Given name added from a supplemental report .....

(25) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Feb 21 1925 (27) .....

*When there is no physician or midwife in attendance, the father or mother, householder, or owner of the premises must make a report of the birth within five days and must state the reason why the certificate is not signed by the attending physician or midwife.

MAKING FALSE STATEMENTS IN REGARD TO ANY OF THE PARTICULARS REQUIRED TO BE REGISTERED UNDER THE PROVISIONS OF THIS ACT IS A MISDEMEANOR PUNISHABLE BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH, IN THE DISCRETION OF THE COURT. (No. 1, Sec. 27, Act No. 96, Acts of 1915.)