

(1) PLACE OF BIRTH

County of York
 Township of 1st
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 4005

44258

694 22
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OR GENDER Male (4) Type of Birth Normal (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 19, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. F. Howard
 (9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
 (Year)
 (12) BIRTHPLACE Leone
 (13) OCCUPATION Cotton Pick

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Ables
 (15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William H. Parker
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

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

(27) Jan. 27, 1924 (28) Mrs. C. F. Parker

19
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.