

## (1) PLACE OF BIRTH

County of Maryland  
 Township of Reisterstown  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

43628

Registration District No. 705 Registered No. 161

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents 40 (7) DATE OF BIRTH Sept 25 1914  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Edward Howard  
 (9) PRESENT POSTOFFICE OF FATHER Mullins  
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 28 (Year)  
 (12) BIRTHPLACE Georgetown Co.  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 6

MOTHER  
 (14) NAME BEFORE MARRIAGE Ward Howlin  
 (15) PRESENT POSTOFFICE OF MOTHER Mullins  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 26 (Year)  
 (18) BIRTHPLACE Georgetown Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 79 M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) (Address of Physician or Midwife)

(25) Address of Physician or Midwife

Given name added from a supplemental report

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