

## (1) PLACE OF BIRTH

County of AndersonTownship of Pendleton

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 318Registered No. 116  
(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 Jae Howard If child is not yet named, make supplemental report as soon as named.(3) SEX OF CHILD Boy (4) Type of Birth Full Term (5) Number in order of birth 1st (6) Date of Birth Nov. 3 23 (7) Place of Birth HomeFATHER: (8) Full Name Jae Howard (9) Residence of Father Pendleton (10) Color of Father Cal (11) Age at last birthday 30 (12) Birthplace Cal (13) Occupation Farming (14) Number of children born to mother, including present one Five MOTHER: (15) Name before marriage Call Benton (16) Residence of Mother Pendleton (17) Color of Mother Cal (18) Age at last birthday 33 (19) Birthplace Cal (20) Occupation Domestic (21) Number of children of this mother now living, including present one Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... (Signature or initials) (Name, M. or F. M.) on the date above stated.

(23) (Signature) Mrs. A. G. Medlock (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife PendletonGiven name added from a supplemental report ..... (26) Witness ..... (Signature of Witness necessary only when question 22 is signed by Mark) (27) Filed Dec 15 1923 (28) N. H. Lammie

When there was no attending physician or midwife, then the father, householder, etc., should sign. 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.