

FORM NO. 7. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. No. 11.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Darlington  
 Township of Hartsville  
 Inc. or Town of Hartsville  
 City of Hartsville  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only  
952

Registration District No. 15  
 Registered No. 1  
 (For use of Local Registrar)

St. 1 Ward  
 If child is not yet named, make supplemental report as directed.

(2) Full Name of Child Eunice May Howard

(3) BOY OR GIRL? girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 31 1912  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Stalker Howard  
 (9) PRESENT POSTOFFICE OF FATHER Hartsville - S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Williamsburg Co. S.C.  
 (13) OCCUPATION mill operative  
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Inez King  
 (15) PRESENT POSTOFFICE OF MOTHER Hartsville - S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Williamsburg Co. S.C.  
 (19) OCCUPATION Housewife  
 (20) 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 alive at 11 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) T. E. Howard  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report 191  
 Registrar 191

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 10 1912 (28) M. J. McQuinn Local Registrar

\*When there was no attending physician or midwife, then the father, householder, 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.

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