

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

22 049483

1. PLACE OF BIRTH  
 County of Richland Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. 38A Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

Township of \_\_\_\_\_  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Columbia (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FILE No.—For State Registrar Only  
**02301**

2. FULL NAME OF CHILD Willie Howard (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl BOY If Plural births \_\_\_\_\_ 4. Twins, triplets or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Are Parents Married Yes 8. Date of birth June 12, 1922  
 (Month, day, year)

9. Full name WILLIAM HOWARD FATHER  
 10. Residence (mailing address) Columbia, S. C.  
 (If non-resident, give place and State)  
None  
 11. Color or race \_\_\_\_\_ 12. Age at child's birth 25 (years)  
 13. Birthplace (city or place) St. Matthews S.C.  
 (State or country)

18. Name before marriage Maggie Howard MOTHER  
 19. Residence (mailing address) Columbia, S. C.  
 (If non-resident, give place and State)  
None  
 20. Color or race \_\_\_\_\_ 21. Age at child's birth 23 (years)  
 22. Birthplace (city or place) St. Matthews S.C.  
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Employed by coal Co  
 16. Date (month and year last) engaged in this work 22, 1921  
 17. Total time (years) spent in this work 10 yrs

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. None  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None  
 25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn ✓

28. If stillborn, period of gestation 155 months weeks \_\_\_\_\_ 29. Cause of stillbirth \_\_\_\_\_  
 Before labor \_\_\_\_\_  
 During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, Parent  
 For Mrs. Hannah Williams, Guardian

Address 247 B. Nathan St.

Filed 3/25, 1941 M. B. Woodward  
 Registrar. 210