

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)

1. PLACE OF BIRTH

County of Richland
Township of _____
or
Inc. Town of _____
or
City of Columbia

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38A

FILE No.—For State Registrar Only

02301

Registered No. _____
(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 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, 19 22
(Month, day, year)

9. Full name FATHER
WILLIAM HOWARD

18. Name before marriage Maggie Howard **MOTHER**

10. Residence (mailing address) Columbia, S.C.
(If non-resident, give place and State)

19. Residence (mailing address) Columbia, S.C.
(If non-resident, give place and State)

11. Color or race negro 12. Age at child's birth 25 (years)

20. Color or race negro 21. Age at child's birth 23 (years)

13. Birthplace (city or place) St. Matthews S.C.
(State or country)

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. _____

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. none

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Employed by coal Co

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none

16. Date (month and year last) engaged in this work 24 19 21

25. Date (month and year last) engaged in this work _____ 19 _____

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. Susan H. Howard, Guardian

Address 2474 B. Nathan St.

Filed 8/25, 19 41 M. B. Woodward

Registrar.

Registrar.

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