

Form No. 1

(1) PLACE OF BIRTH

County of St. GeorgeTownship of Beck

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

5221

Registration District No. H.O.G.Registered No. 21

(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

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

(a) BOY OR GIRL <u>girl</u>	(b) Type or Trophus <u>To be answered only in case of Twins or Triplets</u>	(c) Number in order of birth	(d) Are Parents Married <u>Yes</u>	(e) DATE OF BIRTH <u>Feb 18 1923</u> (Name of Month) (Day) (Year)
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FATHER

(a) FULL NAME J. H. Howard(b) PRESENT POSTOFFICE OF FATHER Summers Co.(c) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Year)(12) BIRTHPLACE Mo.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Addie Baccand(15) PRESENT POSTOFFICE OF MOTHER Summers Co.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Year)(18) BIRTHPLACE Mo.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Jas. P. Gibson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Summers Co.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Feb 19 1923 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.