

(1) PLACE OF BIRTH

County of Chester
 Township of Chester
 or
 Inc. Town of.....
 or
 City of.....

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

File No. - For State Registrar Only

3619

Registration District No. 110Y Registered No. 21
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carl Franklin Howell

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

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 22, 1922
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Franklin Howell(9) PRESENT POSTOFFICE OF FATHER Baldwin Mill Chester, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Mill - work.(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie May McBride(15) PRESENT POSTOFFICE OF MOTHER Baldwin Mill Chester S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE York Co.(19) OCCUPATION House wif(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at St. St. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Wyke(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Mar 6, 1922 (28) John R. ... 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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