

(1) PLACE OF BIRTH

County of Anderson
Township of
or
Inc. TOWN of
or
City of Anderson
(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
40761

Registration District No. 314 Registered No. 500
(For use of Local Registrar)
(No. 69 E St.: Ward)

(2) Full Name of Child Louise Howaldson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? 1 (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 25, 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Geo. Washington Howaldson
(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
(Years)
(12) BIRTHPLACE Macon Co. Ga.
(13) OCCUPATION Cotton mill
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Rubie Williams
(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(Years)
(18) BIRTHPLACE Newnan Ga.
(19) OCCUPATION Homestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wade Thompson
(24) State, whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report
.....
....., 19

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

(27) Filed 19

F. B. CRAYTON,
Local Registrar.
ANDERSON, S. C.

*When there was no attending physician or midwife, then the father, householder, etc., should report as directed.
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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SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

REGISTRY OF COLUMBIA, COLUMBIA, S. C.