

PLACE OF BIRTH

County of Marion
 Township of _____
 or
 Town of Marion
 or
 City of _____

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

FILE No.—For State Registrar Only

43599-a

Registration District No. 33A Registered No. 33
 (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)

FULL NAME OF CHILD Harriet Howell { If child is not yet named, make supplemental report as directed

BOY OR GIRL <u>Girl</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Dec. 2, 1929</u> (Name of Month) (Day) (Year)
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FATHER

FULL NAME Carroll S. Howell

PRESENT POSTOFFICE OF FATHER Marion, S. C.

COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 39
(Years)

BIRTHPLACE Virginia

OCCUPATION Physician

Number of children born to mother, including present birth { 3 }

MOTHER

14. NAME BEFORE MARRIAGE Hattie Gregg

15. PRESENT POSTOFFICE OF MOTHER Marion, S. C.

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 30
(Years)

18. BIRTHPLACE North Carolina

19. OCCUPATION Housewife

21. Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

2. I hereby certify that I attended the birth of this child, who was born alive at 5 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature A. McIntyre

24. State whether Physician or ~~Midwife~~ 25. Address of Physician or Midwife
Marion, S. C.

Given name added from a supplemental report

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

27. Filed June 7, 1929 19

28. Lena McIntyre
 Local Registrar

Registrar

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