

PLACE OF BIRTH

County of Marion

Township of _____

or
Town of Marion

or

City of _____

(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 Girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

Dec. 2, 1923 19
(Name of Month) (Day) (Year)

FATHER

FULL NAME Carroll S. Howell

PRESENT POSTOFFICE OF FATHER

Marion, S. C.COLOR OR RACE White11. AGE AT LAST BIRTHDAY 39
(Years)

BIRTHPLACE

Virginia

OCCUPATION

PhysicianNumber of children born to mother, including present birth { 3

MOTHER

14. NAME BEFORE MARRIAGE Hattie Gregg15. PRESENT POSTOFFICE OF MOTHER Marion, S. C.16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 30
(Years)

18. BIRTHPLACE

North Carolina

19. OCCUPATION

Housewife21. 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. McIntyre24. 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.

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.