

Form No. 1

(1) PLACE OF BIRTH

County of PickensTownship of Pickens

or

Inc. Town of Pickens

or

City of Pickens

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

(2) Full Name of Child

Fabrice Remond Howard(3) BOY OR GIRL B

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parent Married Yes

(7) DATE OF BIRTH

Sept 27 22

(8) FULL NAME

G. B. Howard

(9) PRESENT POSTOFFICE OF FATHER

Pickens S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

42

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

5-

(14) NAME BEFORE MARRIAGE

Mary F. Howe

(15) PRESENT POSTOFFICE OF MOTHER

Pickens S.C.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Journalist

(21) Number of children of this mother now living, including present birth

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 330 Rte. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Sept 28 22

(28) 19

22

Registrar

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.

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.