

(1) PLACE OF BIRTH

County of Newberry...
 Township of White...
 or
 Inc. Town of Whitfield...
 or
 City of _____

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

21047

Registration District No. 3402 Registered No. 69
 (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.)

(2) Full Name of Child Lance Arthur Howard (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type or Triple — (5) Number in order of birth — (6) Are Parents Married Yes (7) DATE OF BIRTH July 19 1923
 (To be answered only in case of Twins or Triplets)

FATHER.
 (8) FULL NAME John Seruggs Howard
 (9) PRESENT RESIDENCE OF FATHER Whitfield, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Year)
 (12) BIRTHPLACE Greenville Co. S.C.
 (13) OCCUPATION Mechanic
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Rosie Morgan
 (15) PRESENT RESIDENCE OF MOTHER Whitfield, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)
 (18) BIRTHPLACE Robert Co. Ga.
 (19) OCCUPATION Domestic
 (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 born alive at 11:45 P.M. on the date above stated. (Born alive —) (Hour A. M. or P. M.)

(23) (Signature) William Thomas (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitfield, S.C.

Give name added from a supplemental report _____
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
 (27) Filed July 24 1923 (28) Local Registrar. R.M. Dorett

When there has been no birth, the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

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.