

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—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 2.

(1) PLACE OF BIRTH

County of Charleston  
Township of James Island  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

608

Registration District No. 904 Registered No. 4  
(For use of Local Registrar)

(2) Full Name of Child May Howard

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 8, 1932  
(To be answered only in case of Twins or Triplets) (Kind of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leas Howard  
(9) PRESENT POSTOFFICE OF FATHER James Island S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31  
(12) BIRTHPLACE Charleston County  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lena M. Neus  
(15) PRESENT POSTOFFICE OF MOTHER James Island S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33  
(18) BIRTHPLACE Charleston County  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rachel Deacon (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

E. R. Bryant Registrar

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

(27) Filed Jan 15 1932 P. F. Grinball Sub-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 before the fifth month of pregnancy.