

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 5.

(1) PLACE OF BIRTH  
County of Aiken  
Township of Hammond  
or  
Inc. Town of .....  
or  
City of Aiken (No. 205 B St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**20695**

Registration District No. .... Registered No. 5-2  
(For use of Local Registrar)

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

(2) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 12 1922  
(Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. B. Howard  
(9) PRESENT POSTOFFICE OF FATHER Clearwater S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Year)  
(12) BIRTHPLACE Edgefield S.C.  
(13) OCCUPATION Mill Operative  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Duggers  
(15) PRESENT POSTOFFICE OF MOTHER Clearwater S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Year)  
(18) BIRTHPLACE Newberry S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ans. J. Greene M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Beth 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 Jan 17 1922 (28) Ans. J. Greene M.D. 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.