

(1) PLACE OF BIRTH

County of Lancaster

Township of \_\_\_\_\_

Inc. Town of \_\_\_\_\_

City of W. B.

### CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10262

Registration District No. 9A

Registered No. 548  
(For use of Local Registrar)

(No. 3 Road Land 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 Vanadia Howell

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

(7) BOY OR GIRL?  BOY  GIRL

(8) Twin or Triplet?

(9) Number in order of birth 1

(6) Are Parents Married?  Yes  No

(7) DATE OF BIRTH April 8 1922  
(Name of Month) (Day) (Year)

#### FATHER.

(1) FULL NAME Edward Howell

(2) PRESENT POSTOFFICE OF FATHER W. B.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE W. B.

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 3

#### MOTHER.

(14) NAME BEFORE MARRIAGE Edith Robinson

(15) PRESENT POSTOFFICE OF MOTHER W. B.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

(18) BIRTHPLACE W. B.

(19) OCCUPATION Pressmaker

(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 Alice (Born alive or stillborn) at 5:20 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Alice Cooper

(24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife 150 Short St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by me)

(27) Registrar 4/11 (28) Local Registrar Mrs. Percie Green

When there was no attending physician or midwife, then the father, household, 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.