

(1) PLACE OF BIRTH

County of LancasterTownship of St. Albansor
Inc. Town of St. AlbansCity of St. Albans

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. 9ARegistered No. 548
(For use of Local Registrar)(No. 3 Road Land St.; Ward)(2) Full Name of Child Vanadecia Howell
If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

(3) SEX OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH April 8, 1922
(Month) (Day) (Year)

FATHER.

(8) FULL
NAMEEdward Howell(9) PRESENT
POSTOFFICE
OF FATHERChas S.C.(10) COLOR
OR
RAVEWhite(11) AGE AT LAST
BIRTHDAY 21
(Years)

(12) BIRTHPLACE

Chas S.C.

(13) OCCUPATION

Driver(14) Number of children born to
mother, including present birth3

MOTHER.

(14) NAME BEFORE
MARRIAGEEdith Robinson(15) PRESENT
POSTOFFICE
OF MOTHERChas S.C.(16) COLOR
OR
RACECol(17) AGE AT LAST
BIRTHDAY 22
(Years)

(18) BIRTHPLACE

Chas S.C.

(19) OCCUPATION

Pressmaker(20) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:50 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether, Physician or Midwife

(25) Address of Physician or Midwife

midwife 150 Short St.Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

4/11

(28) 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.

OF CHARLESTON

SOUTH CAROLINA