Form No. 1

(1) PLACE OF BIRTH

County of Aiken

Township of Eton

or

Inc. Town of Edgefield SC

or

City of ..... (No. ..... 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
23408

Registration District No. 3606 Registered No. 154
(For use of Local Registrar)

(2) Full Name of Child Lila Howell

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of Birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	June 14 1932

FATHER.		MOTHER.	
(8) FULL NAME	Ed. Howell	(14) NAME BEFORE MARRIAGE	Lillie Brunson
(9) PRESENT POSTOFFICE OF FATHER	SC	(15) PRESENT POSTOFFICE OF MOTHER	SC
(10) COLOR OR RACE	White	(11) AGE AT LAST BIRTHDAY (Years)	40
		(16) COLOR OR RACE	White
		(17) AGE AT LAST BIRTHDAY (Years)	37
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Tailor
(20) Number of children born to mother, including present birth	3	(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 ..... at 20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Regina Jenkins

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed July 20 1932 (28) J. H. Mims
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. USE UNFADING INK. CERTIFICATE FOR EACH CHILD. MAKE TRANSCRIPTS FOR LOCAL RECORD. SEND ORIGINAL CERTIFICATES TO STATE BOARD OF HEALTH, COLUMBIA, S. C. McGraw of Columbia, S. C.