

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Glassy  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 2208 Registered No. 2930  
 (For use of Local Registrar)

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

File No.—For State Registrar Only  
**72979**

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 16</u> (Name of Month) (Day) 19 <u>14</u> (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Elbery Howard</u>			(14) NAME BEFORE MARRIAGE <u>May Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Landrum St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Landrum St.</u>	
(10) COLOR OR RACE <u>Mixed</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Greenville Co. S.C.</u>			(18) BIRTHPLACE <u>Henderson Co. N.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Rachel Lindsey  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Landrum St.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug 17 1914 (28) G. V. Phillips 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.