

Form No. 1

(1) PLACE OF BIRTH

County of LathamTownship of Russellor
Inc. Town ofor
City of(No. 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 Abdine Howell

File No.—For State Registrar Only

41136

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 800 Registered No. 167
(For use of Local Registrar)(3) BOY OR
GIRL girl(4) Twin
or Triplet? ✓

To be answered only in event of Twins or Triplets

(5) Number in
order of birth 1(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Dec 19 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Josh Howell(9) PRESENT
POSTOFFICE
OF FATHER St. Matthews(10) COLOR
OR
RACE negro (11) AGE AT LAST
BIRTHDAY 35
(Years)(12) BIRTHPLACE
South Carolina(13) OCCUPATION
Farm work(20) Number of children born to
mother, including present birth 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Sarah Stark(15) PRESENT
POSTOFFICE
OF MOTHER St. Matthews(16) COLOR
OR
RACE negro (17) AGE AT LAST
BIRTHDAY 24
(Years)(18) BIRTHPLACE
South Carolina(19) OCCUPATION
Farm work(21) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lydine L. Givens(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife St. MatthewsGiven name added from a supplement-
tal report(26) Witness A. R. Abbe
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec 22 1922 (28) A. R. Abbe
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 REMOVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of giving or receiving use a suitable ink. No. 1. This official, No. 2, etc., in question 8.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.