

FORM NO. 2.  
 N. B.—In case of TWINS OR TRIPLTS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.  
 McCle McCay, of Columbia

(1) PLACE OF BIRTH

County of Madison

Township of .....

or  
 Inc. Town of Elis

or  
 City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. H. Howard

File No. — For State Registrar Only  
49888

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3308 Registered No. 22

(For use of Local Registrar)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? None

(5) Number in order of birth One

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 24 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. H. Howard

(9) PRESENT POSTOFFICE OF FATHER Elis

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian

(15) PRESENT POSTOFFICE OF MOTHER Elis

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Madison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Elis S.C.

Given name added from a supplemental report

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

(27) Filed Feb 24 1916 (28) D. H. Woodley 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.

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