

(1) PLACE OF BIRTH

County of AbbevilleTownship of Abbevilleor
Inc. Town ofor
City of Abbeville

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

(2) Full Name of Child Willie Lee Bowie

File No. — For State Registrar Only

17348

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1 A Registered No. 91
(For use of Local Registrar)St. 3 Ward 3(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Allen Bowie(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Abbeville County S.C.(13) OCCUPATION Mill operative(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Azalea Lusswell(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Abbeville S.C.(19) OCCUPATION Mill operative(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville 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 191 (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.

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r Only

Ward)

make icted

P. M. P. M.)

dwife

W. H. H. H.