

Form 9

(1) PLACE OF BIRTH

County of Columbia  
 Municipality of Blake  
 or  
 Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

13579

Registration District No. 1402

Registered No. ....  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Word)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harrison Bowler

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

(3) SEX Boy (4) Type of Infant To be reported only in case of Twin or Triplets (5) Number in order of birth 1 (6) DATE OF BIRTH Feb 2, 23  
 (Name of Month) (Day) (Year)

FATHER.  
 (7) NAME BEFORE MARRIAGE Sam Bowler  
 (8) PRESENT RESIDENCE OF FATHER White Hall St  
 (9) COLOR W (10) AGE AT LAST BIRTHDAY 38  
 (11) OCCUPATION Common Laborer  
 (12) Number of children born to mother, including present birth one

MOTHER.  
 (13) NAME BEFORE MARRIAGE Nancy Gilliard  
 (14) PRESENT RESIDENCE OF MOTHER Charleston St  
 (15) COLOR W (16) AGE AT LAST BIRTHDAY 19  
 (17) OCCUPATION Housewife  
 (18) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(20) (Signature) Walter Washington  
 (21) State whether Physician or Midwife Midwife (22) Address of Physician or Midwife Blake St

Give name added from a supplemental report  
 .....

(23) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (24) Signed Aug 7, 1923 (25) B. G. Huggins 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.