

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		6171	
Township of		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of		Registration District No. <u>1 A</u>		Registered No. <u>32</u>	
OR				(For use of Local Registrar)	
City of <u>Abbeville</u>		(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 <u>Jomana Bowie</u>				(If child is not yet named, make supplemental report as directed)	
(3) Boy or Girl? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar. 13, 22</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Samuel Bowie</u>			(14) NAME BEFORE MARRIAGE <u>Corie Rouse</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S. C.</u>		
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>		
(Year)		(Year)			
(12) BIRTHPLACE <u>Abbeville Co. S. C.</u>			(18) BIRTHPLACE <u>Abbeville S. C.</u>		
(13) OCCUPATION <u>Playman</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Caroline X Boozer</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Abbeville, S. C.</u>					
Given name added from a supplemental report			(26) Witness <u>Miss Julia M. Allister</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
15 Registrar			(27) Filed <u>April 1, 1922</u> (28) <u>Miss Julia M. Allister</u> 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.