

(1) PLACE OF BIRTH

County of AndersonTownship of RedmontInc. Town of RedmontCity of Redmont

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24629

Registration District No. 3 BRegistered No. 54

(For use of Local Registrar)

(No. _____ St.; _____ Ward)

(2) Full Name of Child Robert Bowen

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

1 SEX OF
CHILD4 Twin
or Triplet?5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Aug. 8, 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

2 FULL
NAME3 PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 11:40 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. H. Campbell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filled Aug 9, 1922

(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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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