

(1) PLACE OF BIRTH

County of SumterTownship of Smith

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

79494

Registration District No. 4-107 Registered No. 100

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Gravel McDowell

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 7 (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 27 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

(8) FULL NAME Clearland McDowell (9) NAME BEFORE MARRIAGE Lenah Taylor
 FATHER MOTHER

(10) PRESENT POSTOFFICE OF FATHER Smith (11) PRESENT POSTOFFICE OF MOTHER Smith

(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 25 (14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 27
 (Years) (Years)

(16) BIRTHPLACE Sumter (17) BIRTHPLACE Sumter

(18) OCCUPATION Farmer (19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alace X. McDowell

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lynchburg, Pa.

Given name added from a supplemental report

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Registrar

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

(27) Filed 10-5-1916 (28) S. B. McDowell 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.

McGraw-Hill Book Co. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.