

(1) PLACE OF BIRTH

County of Orangeburg
Township of Bowman
OF
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

31601

Registration District No. 3602

Registered No. 36
(For use of Local Registrar)

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

(2) Full Name of Child Jefferson Fogle (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14, 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Jef Fogle
(9) PRESENT POSTOFFICE OF FATHER Bowman S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(12) BIRTHPLACE Orbg. Co
(13) OCCUPATION Farmer

MOTHER
(14) NAME BEFORE MARRIAGE Mamie Patrick
(15) PRESENT POSTOFFICE OF MOTHER Bowman S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(18) BIRTHPLACE Orbg. Co
(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Marian G. Bowman
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bowman S.C.

Given notice added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Sept 25, 1922 (28) W. H. Patrick 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.