

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Sumter

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

66465

Inc. Town of ..... Registration District No. 4108 Registered No. 466  
 (For use of Local Registrar)  
 OR  
 City of ..... (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 Hugh Bowen If child is not yet named, make supplemental report as directed

|  |   |   |   |  |
|--|---|---|---|--|
| (3) BOY OR GIRL? <u>Boy</u>  | (4) Twin or Triplet?<br><small>(to be answered only in case of twins or triplets)</small> | (5) Number in order of birth  | (6) Are Parents Married?                    | (7) DATE OF BIRTH <u>June 3</u><br><small>(Name of Month) (Day) (Year)</small> |
| FATHER.  |   |   | MOTHER.                                     |  |
| (8) FULL NAME <u>Hugh Bowen</u>  | (14) NAME BEFORE MARRIAGE <u>Rosa Smith</u>   |   |   |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Dead</u>                             | (15) PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C.</u>                                     |   |   |  |
| (10) COLOR OR RACE   | (11) AGE AT LAST BIRTHDAY (Years)   | (16) COLOR OR RACE <u>Color</u>   | (17) AGE AT LAST BIRTHDAY (Years) <u>28</u> |  |
| (12) BIRTHPLACE  |   | (18) BIRTHPLACE <u>SS</u>   |   |  |
| (13) OCCUPATION  |   | (19) OCCUPATION <u>Farming</u>  |   |  |
| (20) Number of children born to mother, including present birth <u>4</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 born alive at Sumter, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. A. Clark, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 2016 P. M. Ave.

Mrs. Sallie White midwife

Given name added from a supplemental report

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

(27) Filed June 3 (28) W. A. D. P. 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.

MARSHEN REGISTERED THIS FORM IN 1911 IN C. C. STATE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN IN NO. 1. THIS OFFICE, NO. 2, etc., IN QUESTION 8. McCaw of Columbia