

(1) PLACE OF BIRTH

County of *Sumter*Township of *Sumter*or
Inc. Town of

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

66465

Registration District No. *4108* Registered No. *664*

(For use of Local Registrar)

(2) Full Name of Child *Hugh Bowen* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH *June 3* (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Hugh Bowers*(9) PRESENT POSTOFFICE OF FATHER *Dead*

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth *4*

MOTHER.

(15) NAME BEFORE MARRIAGE *Rosa Smith*(16) PRESENT POSTOFFICE OF MOTHER *Sumter, S.C.*(17) COLOR OR RACE *Colored*(18) AGE AT LAST BIRTHDAY *28* (Years)(19) BIRTHPLACE *SS*(20) OCCUPATION *Farming*(21) Number of children of this mother now living, including present birth *2*

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.* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *L. A. Locke*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mrs. Lillie White midwife

Given name added from a supplemental report

(26) Witness *Sarah Smith*

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

(27) Filed *June 10*

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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.

MARRIAGE RECORDS ARE NOT INDEXED. IN CASE OF TWIN OR TRIPLET USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OTHER. No. 2. ETC. IN QUESTION 8. McCaw of Columbia.