

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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.

Form No. 1		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>87788</b>
<b>(1) PLACE OF BIRTH</b> County of <u>Winthrop</u> Township of <u>Johns</u> or Inc. Town of ..... or City of ..... (No. .... St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>4304</u> Registered No. <u>1519</u> (For use of Local Registrar)		
<b>(2) Full Name of Child.</b> <u>Wiley D. McCowan - 2nd</u> If child is not yet named, make supplemental report as directed				
<b>(3) BOY OR GIRL?</b> <u>Boy</u> <small>To be answered only in case of Twins or Triplets</small>	<b>(4) Twin or Triplet?</b>	<b>(5) Number in order of birth</b>	<b>(6) Are Parents Married?</b> <u>Yes</u>	<b>(7) DATE OF BIRTH</b> <u>Nov. 12, 1914</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b> <b>(8) FULL NAME</b> <u>Wiley D. McCowan</u> <b>(9) PRESENT POSTOFFICE OF FATHER</b> <u>Henry S.C.</u> <b>(10) COLOR OR RACE</b> <u>Negro</u> <b>(11) AGE AT LAST BIRTHDAY</b> <u>35</u> <small>(Years)</small> <b>(12) BIRTHPLACE</b> <u>S.C.</u> <b>(13) OCCUPATION</b> <u>Farming</u>		<b>MOTHER.</b> <b>(14) NAME BEFORE MARRIAGE</b> <u>Hattie Green</u> <b>(15) PRESENT POSTOFFICE OF MOTHER</b> <u>Henry M.</u> <b>(16) COLOR OR RACE</b> <u>Negro</u> <b>(17) AGE AT LAST BIRTHDAY</b> <u>25</u> <small>(Years)</small> <b>(18) BIRTHPLACE</b> <u>S.C.</u> <b>(19) OCCUPATION</b> <u>Housewife</u>		
<b>(20) Number of children born to mother, including present birth</b> { ..... <u>1</u> .....		<b>(21) Number of children of this mother now living, including present birth</b> { ..... <u>1</u> .....		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>				
<b>(22) I hereby certify that I attended the birth of this child, who was</b> <u>alive</u> <b>at</b> <u>4</u> <b>o'clock</b> <u>P.</u> <b>M.,</b> <b>on the date above stated.</b> <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>				
<b>(23) (Signature)</b> <u>J. J. Palmer</u>				
<b>(24) State whether Physician or Midwife</b> <u>Physician</u> <b>(25) Address of Physician or Midwife</b> <u>Henry M.</u>				
Given name added from a supplemental report ..... 191..... ..... Registrar		<b>(26) Witness</b> <u>L. C. Gled</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> <b>(27) Filed</b> <u>Dec. 14, 1914</u> <b>(28)</b> <u>L. C. Gled</u> 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.