

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Bolton
 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

43948

Registration District No. 3600Registered No. 79
(For use of Local Registrar)

(2) Full Name of Child

(No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Robert Bowman 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) Sex Male (7) DATE OF BIRTH Dec 14 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benson Bowman
 (9) PRESENT POSTOFFICE OF FATHER Bowman
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Bowman S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Jamison
 (15) PRESENT POSTOFFICE OF MOTHER Bowman S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Orangeburg S.C.
 (19) OCCUPATION Domestic
 (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 Dec 14 1922 at 10 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

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

Given name added from a supplemental report

(26) Witness S. J. West
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 27 1922 (28) S. J. West
 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.