

(1) **Place of Birth**County of Florence
Township of Motts**CERTIFICATE OF BIRTH**STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 24451Res. Town of Registration District No. 2012 Registered No. 49
(For use of Local Registrar)
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 Eugenia McDowell If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 12 1912</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Louis McDowell</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. McGadden</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Atlanta, Ga.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Atlanta, Ga.</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>So. Car.</u>			(18) BIRTHPLACE <u>So. Car.</u>	
(19) OCCUPATION <u>Farm Labor</u>			(20) OCCUPATION <u>Domestic</u>	
(21) Number of children born to mother, including present birth <u>11</u>			(22) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE(23) I hereby certify that I attended the birth of this child, who was Born alive 12 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) S. H. Kelsh(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Atlanta, Ga.

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed Aug 13 1912 (29) A. B. Staley 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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, N. No. 2, etc. In question 5, N. No. of Children.