

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.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Green
or
Inc. Town of Elgin
or
City of Elgin
(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
19768

Registration District No. 3619 Registered No. 25
(For use of Local Registrar)

(2) Full Name of Child

Isabel Gowan

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isabel Gowan
(9) PRESENT POSTOFFICE OF FATHER Orangeburg
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29
(12) BIRTHPLACE Orangeburg Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Emilie Pearson
(15) PRESENT POSTOFFICE OF MOTHER Orangeburg
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
(18) BIRTHPLACE Orangeburg Co.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rubena Davis
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg, S.C. R. 205

Given name added from a supplemental report

MA 5-4-33
de
19 22
Registrar

(26) Witness Donnie Salley
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 22, 1922 (28) W. H. K. R.
Local Registrar

*When there was no attending physician or midwife then the 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.