

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of

or
Inc. Town of

City of Charleston
(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

88720

Registration District No. 9A

Registered No. 1409

(For use of Local Registrar)

St.; 3 Ward

(2) Full Name of Child Natalie Vergil Dowling

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? ***	(5) Number in order of birth ***	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 7, 19<u>16</u></u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John J. Dowling

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 56 (Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Clerk

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Beaudrot

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4/40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Mercer Green M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Charleston S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 12/16 1916 (28) J. Mercer Green M.D. 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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MADE BY THE COLONY OF COLUMBIA