

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

29470

Registration District No. 341.0

Registered No. 69

(For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL?

Boy

4. Twin or Triplet?

To be answered only in event of Twins or Triplets

5. Number in order of birth

6. Are Parents Married?

yes

7. DATE OF

BIRTH

Sept 27, 1923

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Eug Bowes

9. PRESENT POSTOFFICE OF FATHER

Presbury St

10. COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

23

(Years)

12. BIRTHPLACE

Newberry Co

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

3

(14) NAME BEFORE MARRIAGE

MOTHER.

Lilly Chapman

(15) PRESENT POSTOFFICE OF MOTHER

Presbury St

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Newberry Co

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

at 3:20 P.M., (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Mary McRay

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Presbury St

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 6, 1923.

(28) M. T. Gibson 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.