

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		20069	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>40-a</u>		Registered No. <u>261</u>	
or				(For use of Local Registrar)	
City of .....		(No. <u>47</u> <u>St.</u> )		Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Edna Catherine Gowan</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 23, 1922</u>	
			(Name of Month) (Day) (Year)		
(8) FATHER.			(9) MOTHER.		
(10) FULL NAME <u>Thomas J. Gowan</u>			(11) NAME BEFORE MARRIAGE <u>Beth Clayton</u>		
(12) PRESENT POSTOFFICE OF FATHER <u>Beaumont, S.C.</u>			(13) PRESENT POSTOFFICE OF MOTHER <u>Beaumont, S.C.</u>		
(14) COLOR OR RACE <u>N</u>			(15) AGE AT LAST BIRTHDAY <u>37</u>		
(16) BIRTHPLACE <u>Inman, S.C.</u>			(17) BIRTHPLACE <u>Inman, S.C.</u>		
(18) OCCUPATION <u>concealer</u>			(19) OCCUPATION <u>concealer-wife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>afire</u> at <u>4 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>H. P. Gowan, M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Spartanburg, S.C.</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Jas. Coker</u>					
(27) Filed <u>7-1-22</u> 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.

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.