

FORM 5. MARGIN RESERVED FOR BINDING.

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. McCay, of Columbia.

(1) PLACE OF BIRTH

County of Greenville  
Township of Both...  
or  
Inc. Town of Country  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(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

72922

Registration District No. 2201 Registered No. 51  
(For use of Local Registrar)

(2) Full Name of Child Sylvan Roe Bowwell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL  
(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 Aug. 23, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clyde C. Bowwell  
(9) PRESENT POSTOFFICE OF FATHER Travelers Rest S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Locust S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 2nd

MOTHER.

(14) NAME BEFORE MARRIAGE Allie Whitmore  
(15) PRESENT POSTOFFICE OF MOTHER Travelers Rest S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Taylor S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ 5 A. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) T. E. Poe, M.D.

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

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Aug. 1916 (28) Dr. E. C. Stone 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.