

FORM NO. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

53871

County of

Township of

or
Inc. Town ofor
City of Durham(No. 30 Hanser (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 41A Registered No. 28

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Charlotte Elizabeth Fausch child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE BIRTH Mar 2 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dorgan Bowden(9) PRESENT POSTOFFICE OF FATHER Durham, N.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Luttre Lisdale(15) PRESENT POSTOFFICE OF MOTHER Durham, N.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Domestic(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 alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Hightower(24) State whether Physician or Midwife (25) Address of Physician or Midwife Durham, N.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 Mar 3 1916 (28) N. J. McKnight 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.

REMARKS: INFORMATION FOR THE REGISTRAR. THIS IS A PRELIMINARY 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.

McCaw, of Columbia