

(1) PLACE OF BIRTH

County of Marlboro

Township of .....

or Inc. Town of Bennettsville

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

90913

Registered No. 106  
(For use of Local Registrar)

(2) Full Name of Child Moy Bowman

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 33-A (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2<sup>nd</sup> 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Leason Bowman

(14) NAME BEFORE MARRIAGE Virginia Zimmerman

(9) PRESENT POSTOFFICE OF FATHER Bennettsville

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Bennettsville SC

(18) BIRTHPLACE Bennettsville SC

(13) OCCUPATION Electrician

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 7:45 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Orilla Thomas

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bennettsville SC

Given name added from a supplemental report

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

(27) Filed Dec 4<sup>th</sup> 1916 (28) W. W. Pate 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.