

Form No. 1

(1) PLACE OF BIRTH

County of PickensTownship of Pickensor
Inc. Town ofor
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

65955

Registration District No. 3726 Registered No. 79
(For use of Local Registrar)(2) Full Name of Child Jerry Gowen If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 1916
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME R. L. Gowen (14) NAME BEFORE MARRIAGE Margaret Miles(9) PRESENT POSTOFFICE OF FATHER Pickens S.C. (15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Pickens Co. S.C. (18) BIRTHPLACE Pickens Co. S.C.(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 9 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) R. G. Johnson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens S.C.

Given name added from a supplemental report

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

(27) Filed June 26, 1916 (28) R. S. Johnson 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.

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.
S.W. of Columbia