FORM NO. 3.

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
80633

(1) PLACE OF BIRTH
County of Charleston
Township of Christ Church Parish
or
Inc. Town of ..... Registration District No. 901 Registered No. .....
or (For use of Local Registrar)
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Chas McKowell. | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH Oct. 17 1916 (Name of Month) (Day) (Year)

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME Harry McKowell | (14) NAME BEFORE MARRIAGE Nettie Green |
| (9) PRESENT POSTOFFICE OF FATHER Ravensdow SC | (15) PRESENT POSTOFFICE OF MOTHER Ravensdow SC |
| (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years) | (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years) |
| (12) BIRTHPLACE Christ Church Parish | (18) BIRTHPLACE Christ Church Parish |
| (13) OCCUPATION Farmer | (19) OCCUPATION |
| (20) Number of children born to mother, including present birth 2 | (21) Number of children of this mother now living, including present birth 2 |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was liv. (Born alive or stillborn) at 8 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah McKowell
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Ravensdow SC

Given name added from a supplemental report ..... 191...
..... Registrar

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

(27) Filed ..... 191... (28) J. F. Freeman Jr.
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.

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.
McCaw, of Columbia.