

(1) PLACE OF BIRTH

County of Pickens  
Township of Easley  
OF  
Inc. Town of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State use  
**25917**

Registration District No. 3700 Registered No. 54  
(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 David Bowen If child is not yet named, make supplemental report as directed

3) <u>BOY OR GIRL</u>	4) <u>Twins or Triplets</u> To be answered only in event of Twins or Triplets	5) <u>Number in order of birth</u>	6) <u>Are Parents Married</u> <u>yes</u>	7) <u>DATE OF BIRTH</u> <u>July 2, 1923</u> (Month of Month (Day) (Year))
<b>FATHER.</b>		<b>MOTHER.</b>		
8) <u>FULL NAME</u> <u>Arthur Bowen</u>	14) <u>NAME BEFORE MARRIAGE</u> <u>Addie Robinson</u>			
9) <u>PRESENT POSTOFFICE OF FATHER</u> <u>Easley S.C.</u>	15) <u>PRESENT POSTOFFICE OF MOTHER</u> <u>Easley, S.C.</u>			
10) <u>COLOR OR RACE</u> <u>Negro</u> (11) <u>AGE AT LAST BIRTHDAY</u> <u>33</u> (Year)	16) <u>COLOR OR RACE</u> <u>Negro</u> (17) <u>AGE AT LAST BIRTHDAY</u> <u>32</u> (Year)			
12) <u>BIRTHPLACE</u> <u>Anderson Co., S.C.</u>	18) <u>BIRTHPLACE</u> <u>Anderson Co., S.C.</u>			
13) <u>OCCUPATION</u> <u>Farmer</u>	19) <u>OCCUPATION</u> <u>Housewife</u>			
20) <u>Number of children born to mother, including present birth</u> <u>5</u>	21) <u>Number of children of the mother now living, including present birth</u> <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. C. Pepper M.D.  
(24) State number Physician or Midwife  
(25) Address of Physician or Midwife Atty. 5, Easley S.C.

(Given name added from a supplemental report)

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

(27) SEP. 4, 1923 (28) E. F. Wyatt 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.

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