

## (1) PLACE OF BIRTH

County of PickensTownship of Easley

Inc. Town of .....

City 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)

(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) SEX OR

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH July 2, 1923  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Arthur Bowen

(9) PRESENT POSTOFFICE OF FATHER

Easley S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

33  
(Year)

(12) BIRTHPLACE

Anderson Co., S.C.

(13) OCCUPATION

Farmer

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Addie Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Easley, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

32  
(Year)

(18) BIRTHPLACE

Anderson Co., S.C.

(19) OCCUPATION

Housewife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianAtty. S. 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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