

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia

(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

16473

Registration District No. 58Registered No. 13,96  
(For use of Local Registrar)St.; 5 Ward)(2) Full Name of Child Mary Alva Dowskins

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

(3) BOY OR GIRL  
Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?  
Yes

(7) DATE OF

BIRTH

May 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Louis Louis Dowskins(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42  
(Years)(12) BIRTHPLACE Hogood, S.C.(13) OCCUPATION mill operator(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Corry Elizabeth Lovett(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40  
(Years)(18) BIRTHPLACE Lexington, S.C.(19) OCCUPATION home wife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I heroby certify that I attended the birth of this child, who was alive at 5 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) My Mr. Rice M.D.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

(26) Witness

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

19  
Registrar(27) Filed 6-1019 22

(28)

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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MARSH RESERVE FOR FISHING

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.