

N. B.—In case of TWINS OR TRIPLETS, make a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston  
Township of .....  
or  
Inc. Town of .....  
or  
City of Charleston

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

File No.—For State Registrar Only

29234

Registration District No. ....

Registered No. .... 1365.  
(For use of Local Registrar)

(2) Full Name of Child

Ellen B. Bowers

St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Bowers

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

Trainer

MOTHER.

(14) NAME BEFORE MARRIAGE

Clair Lawrence

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

Domestic

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

4

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Alice Bryan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife 113 Street

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9/19 1928

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.