

(1) PLACE OF BIRTH

County of *Anderson*Township of *N.E. 12*

Inc. Town of

City of

(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

39466

Registration District No. *3401*Registered No. *53*

(For use of Local Registrar)

2) Full Name of Child *Mary Helen Bowers*

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec 28 1912</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>George Lester Bowers</i>			(14) NAME BEFORE MARRIAGE <i>Charles Adner Counts</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Prosperity S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Prosperity S.C.</i>	
(10) COLOR OR RACE <i>White</i>			(17) AGE AT LAST BIRTHDAY <i>28</i> (Years)	
(11) BIRTHPLACE <i>S.P.</i>			(18) BIRTHPLACE <i>S.C.</i>	
(12) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* *9:30 P.M.*
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *J. M. Sease M.D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Little Mountain*

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed *Dec. 10, 1912* (28) *Elberta Sease*
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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