

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, 3, etc. in question 5.

McCaw of Columbia.

(1) PLACE OF BIRTH
County of Beaufort
Township of Sheldon
Inc. Town of
City of

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

File No.—For State Registrar Only
48171

Registration District No. 605 Registered No. 17
(For use of Local Registrar)

(2) Full Name of Child Annas Bowman } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 14, 1916
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William Bowman

(14) NAME BEFORE MARRIAGE Etta Mitchell

(9) PRESENT POSTOFFICE OF FATHER Sheldon S.C.

(15) PRESENT POSTOFFICE OF MOTHER Sheldon S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Big Wild plantation S.C.

(18) BIRTHPLACE Hager plantation S.C.

(13) OCCUPATION Nail Road Hand

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth one (1)

(21) Number of children of this mother now living, including present birth one (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 6 M. on the date above stated. (born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) W. L. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sheldon S.C.

Given name added from a supplemental report

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

(27) Filled ... 1916 (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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