

Form No. 10.

MARGIN RESERVED FOR FILING.

W.E.
M.E.

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, &c., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheldon

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

48171

Registration District No. 65B Registered No. 17

(For use of Local Registrar)

St.; _____ Ward;

(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. 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Bowman(9) PRESENT POSTOFFICE OF FATHER Sheldon S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Big Wild Plantation S.C.(13) OCCUPATION Nail Road Hand(20) Number of children born to mother, including present birth One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Mitchell(15) PRESENT POSTOFFICE OF MOTHER Sheldon S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Wagner Plantation S.C.(19) OCCUPATION House wife(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) E. L. McCall(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. McCall

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

(27) Filled Feb. 1916 (28) E. L. McCall 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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