

## (1) PLACE OF BIRTH

County of Conner  
 Township of Center  
 or  
 Inc. Town of .....

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

Registration District No. 3500

File No. — For State Registrar Only  
**22011**

Registered No. 96  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Douglas Bowen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twins or Triplets ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH July 15, 23  
 To be answered only in event of Twins or Triplets (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21)

FATHER.  
 (8) FULL NAME Durant Bowen

(9) PRESENT POSTOFFICE OF FATHER Westminster

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION farming

(14) (15) (16) (17) (18) (19) (20) (21)

(22) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Florence Cannon

(15) PRESENT POSTOFFICE OF MOTHER Westminster

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION farming

(20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Midwife Matilda Wiley (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Westminster, S.C.

Given name added from a supplemental report

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

(27) Filed July 30, 23 (28) A. P. Martin 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.