

see vol 17 # 12685-

(1) PLACE OF BIRTH

County of allendale

Township of 11

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

Registration District No. 46

No. 2702 - For State Registrar Only

Registered No. 13
(For use of Local Registrar)

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

(2) Full Name of Child Peter Hildon Bowers Jr If child is not yet named, make supplemental report as directed

(3) SEX boy (4) Type or Triple (5) Number in order of birth (6) Age (7) DATE OF BIRTH Feb 10 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Peter Hildon Bowers
(9) PRESENT RESIDENCE OF FATHER allendale SC
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 42
(12) BIRTHPLACE SC
(13) OCCUPATION Public work
(14) Number of children born to mother, including present birth 2

MOTHER
(15) NAME BEFORE MARRIAGE Julia Adams
(16) PRESENT RESIDENCE OF MOTHER allendale SC
(17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 25
(19) BIRTHPLACE SC
(20) OCCUPATION Washing & Laundry
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:20 A.M. on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ernest Wright
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Exchange Street allendale SC

Given name added from a supplemental report
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(26) Witness Julia Adams
(Signature of witness necessary only when question is signed by mark)
(27) Date Feb 10 1923 (28) J. H. Boyd MD Registrar

When there was no attending physician or midwife, the father, mother, etc., should make this return. If a child breathes even once, it is born, and a report is desired of stillbirths.

STATE OF SOUTH CAROLINA, Columbia, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.