

County of Worcester  
Township of Greenville  
or  
Inc. Town of.....  
or  
City of .....

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

~~42183~~

Registration District No. 1704... Registered No. 19.....  
(For use of Local Registrar)

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

(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 25 1922</i>
To be answered only in event of Twins or Triplets FATHER _____ (Name of Month) (Day) (Year)				

**FATHER.**

**MOTHER.**

(5) FULL NAME *John D. Bowman*

(8) PRESENT POSTOFFICE OF FATHER *Harleyville, S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *49* (Years)

(12) BIRTHPLACE *Harleyville*

(13) OCCUPATION *Carpenter*

(20) Number of children born to mother, including present birth *1 8*

(14) NAME BEFORE MARRIAGE *Russie Kizer*

(15) PRESENT POSTOFFICE OF MOTHER *Harleyville*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *40* (Years)

(18) BIRTHPLACE *Sil. George*

(19) OCCUPATION *Housekeeper*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was... Bonnie at... 10 M on the date above stated.

(23) (Signature) Julia Williams  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan. 8 1923. (28) Edna M. M. M. M.  
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.