

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of York

or

Inc. Town of York

or

City of York

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 14.2.2 Registered No. 167

File No.—For State Registrar Only

25600

(For use of Local Registrar)

(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 Junior Bowman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Joe Bowman(9) PRESENT POSTOFFICE OF FATHER Walkerboro(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36  
(Years)(12) BIRTHPLACE York(13) OCCUPATION mining(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maud Bowman(15) PRESENT POSTOFFICE OF MOTHER Walkerboro S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE York(19) OCCUPATION domestic(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 born alive at York M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dora G. Munster(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Walkerboro 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 Sept 10, 1922 (28) Wm D. Black 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.