

(1) PLACE OF BIRTH

County of Charleston

Township of North

or Inc. Town of Charleston

or City of Charleston

(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

Registration District No. 11.7

File No.—For State Registrar Only

43430

Registered No. .... (For use of Local Registrar)

(2) Full Name of Child

Francis Bowers

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

(3) BOY OR GIRL girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? No

(7) DATE OF BIRTH 12/14/1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Bowers

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY unknown  
(Years)

(12) BIRTHPLACE unknown

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Monetta Bowers

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION House work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. M. McNeill

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

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

(27) Filed 15 (28) 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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