

Form No. 1

## (1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephensor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 705

File No.—For State Registrar Only

37370

Registered No. 125  
(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 Frank Bowers If child is not yet named, make supplemental report as directed3) BOY OR GIRL B 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? No 7) DATE OF BIRTH Nov. 19, 22  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME William Jones9) PRESENT POSTOFFICE OF FATHER Pineville10) COLOR OR RACE Wegro (11) AGE AT LAST BIRTHDAY 35  
(Years)12) BIRTHPLACE Pineville13) OCCUPATION Farming14) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Nora Bowers15) PRESENT POSTOFFICE OF MOTHER Pineville16) COLOR OR RACE Wegro (17) AGE AT LAST BIRTHDAY 17  
(Years)18) BIRTHPLACE Pineville19) OCCUPATION Farming20) 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 80 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Leah Kemm (24) State whether Physician or Midwife(25) Address of Physician or Midwife Midwife Pineville

Given name added from a supplemental report

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

(27) Filed Nov. 21, 22 (28) M. Q. Geyl 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.