

(1) PLACE OF BIRTH

County of MarionTownship of Marion

or

Inc. Town of Marion

or

City of Marion

(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

File No.—For State Registrar Only

24669

Registration District No. 2209B Registered No. 269

(For use of Local Registrar)

St. 37 Ward(2) Full Name of Child Ellie Elizabeth Sowers 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? yes (7) DATE OF BIRTH Jan 21 1923

Name of Month (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Robert Lee Sowers (14) NAME BEFORE MARRIAGE Murder Hambrick(9) PRESENT POSTOFFICE OF FATHER Marion S.C. (15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20(12) BIRTHPLACE Marion S.C. (18) BIRTHPLACE Marion S.C.(13) OCCUPATION Teacher (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1 (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 at 8 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. W. Walker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion S.C.

(When name added from a supplemental report)

191

Registrar

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

(27) Filed Sept 1 1923 (28) Thos. J. McAfee 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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