

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Chesnee

or

Inc. Town of

City of

(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

89163

Registration District No. 1302 Registered No. 56

(For use of Local Registrar)

(2) Full Name of Child Anna Bowman

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth one(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 14, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Bowman

(9) PRESENT POSTOFFICE OF FATHER

Darlington S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

Darlington

(13) OCCUPATION

Farmer

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

Five

## MOTHER.

(14) NAME BEFORE MARRIAGE

Binky Stokes

(15) PRESENT POSTOFFICE OF MOTHER

Darlington S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

21 (Years)

(18) BIRTHPLACE

Darlington

(19) OCCUPATION

Home work

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

Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Anna Stokes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

DarlingtonDarlington S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

W. C. ...

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

(27) Filed

Nov. 15, 1916

(28)

R. E. Broadway

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.