

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

45791

Registration District No. 1200 Registered No. 2

(For use of Local Registrar)

## (2) Full Name of Child

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 *May 31, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME *James M. Sowers* (14) NAME BEFORE MARRIAGE *Maggie Pate*(9) PRESENT POSTOFFICE OF FATHER *Wm. Bee* (15) PRESENT POSTOFFICE OF MOTHER *McBee*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *47* (16) COLOR OR RACE *B* (17) AGE AT LAST BIRTHDAY *38*  
(Years) (Years)(12) BIRTHPLACE *S.C.* (18) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer* (19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *11* (21) Number of children of this mother now living, including present birth *11*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *3 a* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *D. P. No. wood*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Phy McBee*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *1316* (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.