(1) PLACE OF BIRTH

County of Kershaw

Township of Buffalow

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
41125

Registration District No. 2700 Registered No. 48
(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 Johnny Dowell

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

(3) BOY OR GIRL: Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH: Aug 7, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Willie Dowell

(9) PRESENT POSTOFFICE OF FATHER: Jefferson S.C.

(10) COLOR OR RACE: Col

(11) AGE AT LAST BIRTHDAY: 43 (Years)

(12) BIRTHPLACE: S C

(13) OCCUPATION: Farming

(20) Number of children born to mother, including present birth: 15

MOTHER.

(14) NAME BEFORE MARRIAGE: Miller

(15) PRESENT POSTOFFICE OF MOTHER: Jefferson S.C.

(16) COLOR OR RACE: Col

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: S C

(19) OCCUPATION: House Work

(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 12 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Margit Mungo

(24) State whether Physician or Midwife: Mid Wife

(25) Address of Physician or Midwife: Camden S.C.

(Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) W. M. Cahill
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.