

(1) PLACE OF BIRTH

County of: Cherokee
 Township of: Cherokee
 or
 Inc. Town of:
 of
 City of: (No. SE. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

678

Registration District No. 155 P. Registered No. 7
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Bubay Bawlen (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) Age: Parents: Married: Yes BIRTH Jan 15, 1928
 To be answered only in event of Twin or Triplet: (Month) (Day) (Year)

FATHER

(7) FULL NAME Sam Bawlen(8) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Emma Shockelford(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bubay Bawlen at 8 P. M. on the date above stated. (Day) (Month) (Year) (Hour) (A. M. or P. M.)

(23) (Signature) J. D. Carter(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 15, 1928

(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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

NOTE: IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN IN EACH BIRTH. THIS IS A PRELIMINARY REPORT, AND MUST BE FILED WITHIN 10 DAYS OF THE BIRTH. IF THE CHILD DIES, IT MUST BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.