

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Hampton
 Township of Peoples
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
77476

Registration District No. 2412 Registered No. 192
 (For use of Local Registrar)

(2) Full Name of Child Frank Bowers { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 18, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jerry Bowers
 (9) PRESENT POSTOFFICE OF FATHER Brunson R.D.
 (10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Hampton Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Naseltine Bowers
 (15) PRESENT POSTOFFICE OF MOTHER Brunson R.D.
 (16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Hampton Co
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Sallie Miley "Midwife"
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Brunson R.D.

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 Sept 28 1916 (28) H. W. Rogers 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.