

NEVER SIGN REQUISITES FOR BIRTHING. WRITE PLAINLY, WITH UNFADING INK—WHEN IN A PERMANENT RECORD. 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 6.

(1) PLACE OF BIRTH

County of Anderson  
Township of Hall  
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

28792

Registration District No. 206

Registered No. 94  
(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 Sarah Emma Bowie 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 ..... (6) Are Parents Married? Y (7) DATE OF BIRTH Sept 7 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Bowie

(9) PRESENT POSTOFFICE OF FATHER Star

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE Pickens Co S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mother Emma

(15) PRESENT POSTOFFICE OF MOTHER Star

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY ..... (Years)

(18) BIRTHPLACE Pickens Co

(19) OCCUPATION Housewife

(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 alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Green

(24) State whether Physician or Midwife midwife (25) Address of Physic or Midwife Star

Given name added from a supplemental report

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

19 ..... Registrar

(27) Filed Sept 10 1922 (28) S. M. McPherson 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.