

Form No. 1

## (1) PLACE OF BIRTH

County of ClareTownship of Rowe

In Town of .....

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

Registration District No. 3402

No. for this Register

37008

Registered No. 51  
(For use of Local Registrar)(2) Full Name of Child Tom Castle Bowen

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

(a) SEX OF CHILD <u>girl</u>	(b) TIME OF BIRTH <u>10:15</u>	(c) NUMBER OF CHILD <u>1</u>	(d) DATE OF BIRTH <u>Dec 2, 1923</u>	(e) AGE OF CHILD <u>12</u>
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FATHER.		MOTHER.	
(1a) NAME BEFORE MARRIAGE <u>Unknown</u>	(1b) NAME BEFORE MARRIAGE <u>Orla Bowen</u>	(1c) PRESENT SURNAME OF FATHER <u>" "</u>	(1c) PRESENT SURNAME OF MOTHER <u>Edmund H.</u>
(1d) COLOR <u>" "</u>	(1d) COLOR <u>white</u>	(1e) AGE AT LAST BIRTHDAY <u>" "</u>	(1e) AGE AT LAST BIRTHDAY <u>83</u>
(1f) BIRTHPLACE <u>" "</u>	(1f) BIRTHPLACE <u>Ill.</u>	(1g) OCCUPATION <u>" "</u>	(1g) OCCUPATION <u>Teacher</u>
(1h) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT CHILD <u>8</u>	(1h) NUMBER OF CHILDREN OF THIS MOTHER, INCLUDING PRESENT CHILD <u>8</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Hour A. M. or P. M.) 12(23) (Signature) Harville Bowen  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edmund H.

Given name added from a supplemental report

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

(27) Signed Dec 2, 1923 (28) Local Registrar Sam W. Smith

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.

NOTE: PLAINLY, WITH EXPANDED LINE—THIS IS A PERMANENT RECORD.  
AS OF THIS ON TRIPLETS AND 2 SEPARATE BLANKS FOR EACH CHILD, AND MARK THE  
FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1.