

(1) PLACE OF BIRTH

County of Anderson

Township of Bay Mills

Inc. 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

File No.—For State Registrar Only

66509

Registration District No. 4-201

Registered No. 21

(For use of Local Registrar)

St.: Ward

(2) Full Name of Child. Herbert Smith Gowan

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? X

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 9 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Gowan

(9) PRESENT POSTOFFICE OF FATHER Jamezville 2

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 43
(Years)

(12) BIRTHPLACE D.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jerrie Gowan

(15) PRESENT POSTOFFICE OF MOTHER Jamezville 2

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 39
(Years)

(18) BIRTHPLACE D.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) D. H. Smith, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 245

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed

1906

(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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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