

MARCON RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING INK—THIS IS 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 5.

(1) PLACE OF BIRTH
County of Spartanburg
Township of
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 40-A Registered No. 370
(For use of Local Registrar)
(No. St.; Ward)
(2) Full Name of Child Francis H. Bowman If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? yes (4) Twin or Triplet? No (5) Number in order of birth 3rd (6) Are Parents Married? yes (7) DATE OF BIRTH 6-8-1922
(Name of Month) (Day) (Year)
FATHER. MOTHER.
8) FULL NAME W. B. Bowman (14) NAME BEFORE MARRIAGE Bona F. L. Luman
9) PRESENT POSTOFFICE OF FATHER Spartanburg (15) PRESENT POSTOFFICE OF MOTHER Spartanburg
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40y (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE G. C. (18) BIRTHPLACE G. C.
(13) OCCUPATION Mechanic (19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 3rd (21) Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was alive at 10:29 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 10-1-22 (28) Jas. Cooper 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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