

(1) PLACE OF BIRTH

County of Charleston
Township of St. James

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27580

Inc. Town of North Charleston
City of North CharlestonRegistration District No. 909BRegistered No. 154
(For use of Local Registrar)(No. Dowman St. 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Usual If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

to be covered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 17, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James D. Dowman(9) PRESENT POSTOFFICE OF FATHER North Charleston(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE North Charleston(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Louise(15) PRESENT POSTOFFICE OF MOTHER North Charleston(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE North Charleston(19) OCCUPATION Teacher(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive as born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. D. Dowman(24) State whether Physician or Midwife (25) Address of Physician or Midwife North Charleston

Given name added from a supplemental report

See Affidavit
2/15/45
J. M. D. Dowman
Registrar

(26) Witness

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

(27) Filed 2/15/45(28) 11(29) 11 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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