

(1) PLACE OF BIRTH

County of

Township of

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

502

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 24, 1933

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

H. W. Bowman

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Lumbia SC

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

J. Steel (Gunn)

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Kohler Hill NC

(19) OCCUPATION

Housewife

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

1

(21) 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 Male at 505 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Margaret Shanks

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife 1239 Lumberton St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 26, 1933

(28)

C. J. Shaver

Deputy 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.