

## 1. PLACE OF BIRTH

County of Pickland

Township of \_\_\_\_\_

or \_\_\_\_\_

Town of \_\_\_\_\_

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## 2. FULL NAME OF CHILD

Mary Alice Bowman

3. SEX OF CHILD

GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

Nov 10 1922

## FATHER

FULL NAME

Omar L Bowman

PRESENT POSTOFFICE OF FATHER

Columbia S.C.

COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

68 (Years)

BIRTHPLACE

North Carolina

OCCUPATION

ContractorNumber of children born to mother, including present birth { 2

## MOTHER

14. NAME BEFORE MARRIAGE

Clara Jackson

15. PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

38 (Years)

18. BIRTHPLACE

North Carolina

19. OCCUPATION

Music Teacher21. Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ 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

M.D. J. Cola S.C.

26. Witness

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

27. Filed

19

28

Local Registrar

Name added from supplemental report

8/12/1922M. Miller

Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.