

## (1) PLACE OF BIRTH

County of MarionTownship of Reveries

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 3705

File No.—For State Registrar Only

43631

Registered No. 162  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

## (2) Full Name of Child

James Lee Rowell

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

(3) BOY OR GIRL  
Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 4 1924  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Rowell(9) PRESENT POSTOFFICE OF FATHER Mullins(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 33  
(Years)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Gerald(15) PRESENT POSTOFFICE OF MOTHER Mullins(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Marion Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amy L. Hauler(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mullins

Given name added from a supplemental report

19 .....

Registrar

(26) Witness

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

(27) Filed

Jan. 11 1925

(28)

A. M. Schaeffer  
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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