

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH NEUTRAL INK—IN A PERMANENT POSITION—ON A SEPARATE BLANK FOR EACH CHILD, AND MARK THE DATE OF BIRTH ON THE FRONT OF THE CARD. IN CASE OF TWIN OR TRIPLE BIRTHS, MAKE A SEPARATE CARD FOR EACH CHILD, AND MARK THE DATE OF BIRTH ON THE FRONT OF THE CARD. IN CASE OF STILLBORN, MAKE A SEPARATE CARD FOR EACH CHILD, AND MARK THE DATE OF BIRTH ON THE FRONT OF THE CARD. IN CASE OF FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

CERTIFICATE OF BIRTH				File No.—For State Registrar Only	
(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>Charleston</u> or Inc. Town of <u>Charleston</u> or City of <u>Charleston</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				36447	
(2) Full Name of Child <u>Winonia Bowers</u> (If child is not yet named, make supplemental report as directed)				Registration District No. <u>400.7</u> Registered No. <u>1.22</u> (For use of Local Registrar)	
(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH	
—	—	9	—	<u>Oct 7 22</u> (Name of Month) (Day) (Year)	
(8) FATHER. FULL NAME <u>Robert Lee Bowers</u> PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u> (10) COLOR OR RACE <u>W</u> (11) AGE AT LAST BIRTHDAY <u>43</u> (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Cotton mill operator</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Lula East</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u> (16) COLOR OR RACE <u>W</u> (17) AGE AT LAST BIRTHDAY <u>41</u> (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>9</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>B. alive</u> at <u>5 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. E. Williams</u> (24) State whether Physician or Midwife <u>Physician</u>		(25) Address of Physician or Midwife <u>Charleston S.C.</u>			
Given name added from a supplemental report <u>Thomas P. Lissner</u> (26) Witness <u>Ch. Clerk</u> (Signature of Witness necessary only when question 23 is signed by mark)					
7/6/45 19 <u>19</u> Registrar		(27) Filed <u>11/10</u> 19 <u>22</u>		(28) <u>J. Blockwell</u> 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.