

Form No. 1

## (1) PLACE OF BIRTH

County of *Anderson*Township of *Hopewell*or  
Inc. Town ofor  
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

80148

Registration District No. *378*Registered No. *36*

(For use of Local Registrar)

(2) Full Name of Child *Dewitt McDowell*

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Aug 15-6*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Ralph McDowell*(9) PRESENT POSTOFFICE OF FATHER *Anderson SC*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *23*

(Years)

(12) BIRTHPLACE *Anderson SC*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Sammie Brown*(15) PRESENT POSTOFFICE OF MOTHER *Aid.*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *19*

(Years)

(18) BIRTHPLACE *Anderson SC*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1916* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mollie Stokes*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Anderson SC*

Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed *1916* (28) *J. McDowell*

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McClay, of Columbia