

(1) PLACE OF BIRTH

County of Madison
 Township of Tawanna
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

0033

Registration District No. 211 Registered No. 33
 (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.)

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

(2) Full Name of Child Ag. Lee Cowan

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 24 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Cowan
 (9) PRESENT POSTOFFICE OF FATHER Starve S.C.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE Anderson S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Etta Hall
 (15) PRESENT POSTOFFICE OF MOTHER Starve S.C.
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE Anderson Co S.C.
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Hill (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Starve S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) L. D. Tolk
 (27) Filed May 1 1922 (28) 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.