

(1) PLACE OF BIRTH

County of ProctorTownship of Wileyor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4949

Registration District No. 2702 Registered No. 8

(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 Harmon Gowen 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 Feb 15 - 20
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Gowen(9) PRESENT POSTOFFICE OF FATHER Early N X 2(10) COLOR OR RACE Celmy (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Proctor(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gowen / Kaiter(15) PRESENT POSTOFFICE OF MOTHER Early N X 2(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Proctor(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Proctor M.,
on the date above stated. Harmon Gowen (If stillborn, M. P. M.)(23) (Signature) Lee J. Waller M.D.

(24) State whether Physician or Midwife

(25) Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "No" mark)

(27) Filed Mar. 1, 1923 (28) W. J. Wyatt

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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TOWNS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.