

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Cowan  
 OF  
 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  
**13594**

Registration District No 304

Registered No. 30  
 (For use of Local Registrar)

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

(2) Full Name of Child Ascar Le Roy Bowman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL GIRL (4) Twin or Triplet? N (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22, 1922  
 (Name of Month (Day) (Year))

## FATHER.

(8) FULL NAME Jane E Bowman  
 (9) PRESENT POSTOFFICE OF FATHER Uva SC  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38 (Year)  
 (12) BIRTHPLACE Gallitorton Ga  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Prince  
 (15) PRESENT POSTOFFICE OF MOTHER Uva SC  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37 (Year)  
 (18) BIRTHPLACE And Co SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. D. Smith  
 (24) State whether: Physician or Midwife Physician (25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report.

(26) Witness

(Signature of Witness necessary only when question 26 is signed by mark)

19.....  
 Registrar

(27) Filed May 22, 1922 (28) S. M. McAdams 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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