

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
orCity of (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 *Mahranis Bowers*

File No.—For State Registrar Only

8561

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3409* Registered No. *21*
(For use of Local Registrar)(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *March 22, 1922*
(Name of Month) (Day) (Year)

FATHER

(5) FULL NAME *Willie Bowers*(6) PRESENT POSTOFFICE OF FATHER *Newberry S.C.*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *1* (1-35)(12) BIRTHPLACE *Newberry Co. S.C.*(13) OCCUPATION *Day Laborer*(14) Number of children born to mother, including present birth *1*

MOTHER

(14) NAME BEFORE MARRIAGE *Estelle Means*(15) PRESENT POSTOFFICE OF MOTHER *Newberry S.C.*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *18* (Years)(18) BIRTHPLACE *Newberry Co. S.C.*(19) OCCUPATION *Day Laborer*(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 alive* at *11:15* A.M., on the date above stated. (Hour A.M. or P.M.)(23) (Signature) *W. H. Collins* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Newberry S.C.*

Given name added from a supplemental report

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

(27) Filed *Mar 3, 1922* (28) *W. H. Collins* 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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