

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

Registration District No. 3413

File No. - For State Registrar Only

4881

Registered No. 27
(For use of Local Registrar)

(2) Full Name of Child

Nathaniel Gowan

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

(3) BOY OR
GIRL

Boy

(4) Twin
or Triplet

To be covered only in case of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married

(7) DATE OF

BIRTH

Feb 19 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME

Calvin Gowan

(9) PRESENT
POSTOFFICE
OF FATHER

Murren, S.C.

(10) COLOR
OR
RACE

Col

(11) AGE AT LAST
BIRTHDAY

21

(12) BIRTHPLACE

Dillon Co. S.C.

(13) OCCUPATION

Farm Laborer

(14) Number of children born to
mother, including present birth

1

MOTHER

(14) NAME BEFORE
MARRIAGE

Leather Cleckley

(15) PRESENT
POSTOFFICE
OF MOTHER

Murren S.C.

(16) COLOR
OR
RACE

Col

(17) AGE AT LAST
BIRTHDAY

20

(18) BIRTHPLACE

Dillon Co. S.C.

(19) OCCUPATION

Housewife

(20) 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... at 8 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Mary Jenkins

Given name added from a supplement-
tal report

(25) Witness

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

(26) Filed Feb 24 1923

(27) Local Registrar

J. L. Fanning

*When there was no attending physician or midwife, then the father, householder, etc., should make this report
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. INK-THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 8

Bureau of Columbia, Columbia, S. C.