

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orange
 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

File No. - For State Registrar Only
4881

Registration District No. 3013 Registered No. 27
 (For use of Local Registrar)
 (No. St.; Ward)

(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 Yes (7) DATE OF BIRTH Feb 19 29
 (Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME <u>Calvin Gowan</u>	(14) NAME BEFORE MARRIAGE <u>Peather Cleckley</u>		(18) PRESENT POSTOFFICE OF FATHER <u>Sumner S.C.</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Sumner S.C.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumner S.C.</u>	(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Orlando Co. S.C.</u>	(15) OCCUPATION <u>Spring Laborer</u>		(19) BIRTHPLACE <u>Orlando Co. S.C.</u>	(20) OCCUPATION <u>House work</u>	
(23) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Jenkins
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 122 S. Main St. Sumner 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 Feb. 24. 1929 (28) J. A. Fanning Local Registrar

*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. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 8.

BUREAU OF COLUMBIA, COLUMBIA, S. C.