

Form No. 1

(1) PLACE OF BIRTH

County of Oconee
 Township of Keowee
 or
 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
39552

Registration District No. 3502 Registered No. 91
 (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 Ruth Bowers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Nov 8 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arvie Dodgins
 (9) PRESENT POSTOFFICE OF FATHER Central S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY Unknown (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Bowers
 (15) PRESENT POSTOFFICE OF MOTHER S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION farming and house work

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dora Bowers
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Galem 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 Dec 9 1922 (28) J. W. Smith 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, SPACING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS, MAKE SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.