

(1) PLACE OF BIRTH

County of Greenville
 Township of Chick Spring
 or
 Inc. Town of Greer
 or
 City of Greer, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. — for State Registrar
44574

Registration District No. 22.10 Registered No. 16
 (For use of Local Registrar)
 (No. #5 Miller East 10 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marion Elizabeth Gowan If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 14 19 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Walter Gowan
 (9) PRESENT POSTOFFICE OF FATHER Greer, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) BIRTHPLACE Duncan, S.C.
 (13) OCCUPATION mill oper.
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (15) NAME BEFORE MARRIAGE Myrtle Hardin
 (16) PRESENT POSTOFFICE OF MOTHER Greer, S.C.
 (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) COLOR OR RACE White
 (19) BIRTHPLACE Greer, S.C.
 (20) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. H. Crawford
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greer, 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 6/10 19 24 (28) J. H. Crawford 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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