

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 5.

(1) PLACE OF BIRTH
County of Anderson
Township of
or
Inc. Town of Piedmont
or
City of (No. St.; Ward)
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
20839

Registration District No. 3 B Registered No. 48
(For use of Local Registrar)

(2) Full Name of Child Ralph Lee Bowers If child is not yet named, make supplemental report as directed

3 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>July 3, 1922</u> Same of Month (Day) (Year)
FATHER. 8 FULL NAME <u>B. A. Bowers</u> 9 PRESENT POSTOFFICE OF FATHER <u>Piedmont S. C.</u> 10 COLOR OR RACE <u>White</u> 11 AGE AT LAST BIRTHDAY <u>22</u> (Years) 12 BIRTHPLACE <u>N. C.</u> 13 OCCUPATION <u>Int'l work</u> 20 Number of children born to mother, including present birth <u>2</u>			MOTHER. 14 NAME BEFORE MARRIAGE <u>Elsie Lepard</u> 15 PRESENT POSTOFFICE OF MOTHER <u>Piedmont S. C.</u> 16 COLOR OR RACE <u>White</u> 17 AGE AT LAST BIRTHDAY <u>21</u> (Years) 18 BIRTHPLACE <u>N. C.</u> 19 OCCUPATION <u>Domestic</u> 21 Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was female at 1:45 M., on the date above stated. (Born alive or stillborn) (Hour and P. M.)

(23) (Signature) J. H. Campbell
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont

Given name added from a supplemental report

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

(27) Filed July 12, 1922 (28) E. J. Fleming 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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