

Form No. 1

(1) PLACE OF BIRTH

County of AlamedaTownship of Alamedaor
Inc. Town of Fairfaxor
City of Fairfax

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nancy Rebecca Bowers

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

2) BOY OR GIRL Girl3) Type or Triplet one4) Number in order of birth 45) Sex female6) DATE OF BIRTH Oct 14 23

(Name of Month) (Day) (Year)

7) FULL NAME Charlie Bowers8) PRESENT RESIDENCE OF FATHER Fairfax NC9) COLOR Black10) AGE AT LAST BIRTHDAY 411) BIRTHPLACE Fairfax NC12) OCCUPATION None13) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN 414) NAME BEFORE MARRIAGE Annie Bowers15) PRESENT RESIDENCE OF MOTHER Fairfax NC16) COLOR Black17) AGE AT LAST BIRTHDAY 418) BIRTHPLACE Fairfax NC19) OCCUPATION None20) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT BORN 421) I hereby certify that I attended the birth of this child, who was born

on the date above stated.

(22) (Signature) Louisa Middleton(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Fairfax NC

Given name added from a supplemental report

(25) Witness J. D. Harrison

(26) Signature of Witness necessary only when question 25 is signed by Mark

(27) Date Oct 11 23(28) Local Registrar J. D. Harrison

When this report is made, the father, householder, etc., should make this return.

If a child is born, the mother should make this return.

If a child is born, the mother should make this return.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar

30825

Registration District No. 4601Registered No. 39

(For use of Local Registrar)

(No. St. Ward)

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Form No. 1. THE OTHER, No. 2, etc., in question 1.