

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.  
MEDIUM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marlboro  
Township of Brownsville  
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  
**43734**

Registration District No. 3303

Registered No. 5-9  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St.; .... Ward)

(2) Full Name of Child Hollis Cornelius McDowell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct-14-22  
(Name of Month) (Day) (Year)

**FATHER**

**MOTHER**

(8) FULL NAME Adville McDowell  
(9) PRESENT POSTOFFICE OF FATHER Bluerheim S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41  
(Years)  
(12) BIRTHPLACE Marion Co.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 11

(14) NAME BEFORE MARRIAGE Annie Mae Caslder  
(15) PRESENT POSTOFFICE OF MOTHER Bluerheim  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39  
(Years)  
(18) BIRTHPLACE Marlboro Co.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 10

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Florence Coy  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Coy

Given name added from a supplemental report

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

(27) Filed Oct. 18, 1922 (28) R. D. Rogers  
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.