

FORM NO. 1 MARGIN RESERVED FOR BINDING.

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 2.

McCaw, of Columbia.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35110

(1) PLACE OF BIRTH
County of Leicester
Township of Leicester
or
Inc. Town of Leicester
or
City of Leicester (No. 286 Registered No. 69)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child, Bowers 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 19 22
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>R. F. Bowers</u>	(14) NAME BEFORE MARRIAGE <u>Fred Cunningham</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Leicester S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Leicester S.C.</u>
(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Leicester Co.</u>	(18) BIRTHPLACE <u>Leicester Co.</u>	(13) OCCUPATION <u>Mch.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 12.5 at 9. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. Allen
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Leicester, S.C.

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 11-8-22 1912 (28) J. J. Harrison 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.