

(1) PLACE OF BIRTH

County of GreeshamTownship of Flah Rockor
Inc. Town ofor
City of

(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

7470

Registration District No. 302Registered No. 14
(For use of Local Registrar)2) Full Name of Child Dorothy May Sowell

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of twins or triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 12, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gay R. Sowell(9) PRESENT POSTOFFICE OF FATHER Greesham S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Gay(15) PRESENT POSTOFFICE OF MOTHER Greesham S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) 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 11:55-10 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. L. G.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greesham S.C.

Given name added from a supplemental report

June 11, 1923Wm. S. Sowell

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

(27) Filed 470 (28) W. B. Field 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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