

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

23 048071 11-11-42
Standard Certi
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 1. PLACE OF BIRTH
 County of Sumter
 Township of _____
 or
 Inc. Town of Lynchburg P.D. Registration District No. 4102 Registered No. _____
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FILE No.—For State Registrar Only
01366

2. FULL NAME OF CHILD Mary Alice Bowman { If child is not yet named, make supplemental report as directed.

3. Sex of Child girl If Plural births 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? yes 8. Date of birth 12/15/1923 (Month, day, year)

9. Full name Jake Bowman FATHER 18. Name before marriage Carrie Gadsen MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Col Lynchburg, S.C. 19. Residence (mailing address) (If non-resident, give place and State) Lynchburg

11. Color or race Col 12. Age at child's birth 30 (years) 20. Color or race Col 21. Age at child's birth 24 (years)

13. Birthplace (city or place) (State or country) Summerton S.C. 22. Birthplace (city or place) (State or country) Clarendon S.C.

14. Trade, profession, or particular kind of work done, as splinter, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____)

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

(Signed) Carrie Bowman, Parent

or _____, Guardian

Address File 4 Box 92, Sumter, S.C.

Filed April 9, 1934 M. B. Woodward, M. D.

Registrar.

Registrar.