

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.)

1. PLACE OF BIRTH

County of Sumter
Township of
or
Inc. Town of Lynchburg P.D.
or
City of

Standard Certi

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

Registration District No. 4102

23 048071

FILE No. 11-11-42
01366

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD

Mary Alice Bowman

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

3. Sex or Girl <u>Girl</u>	4. Twin, triplet or other births.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>12/15/1923</u> (Month, day, year)
9. Full name <u>Jake Bowman</u> FATHER			18. Name before marriage <u>Carrie Gadsen</u> MOTHER		
10. Residence (mailing address) (If non-resident, give place and State) <u>Col Lynchburg, P.D.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Lynchburg</u>		
11. Color or race <u>Col</u>	12. Age at child's birth <u>30</u> (years)	20. Color or race <u>Col</u>		21. Age at child's birth <u>24</u> (years)	
13. Birthplace (city or place) (State or country) <u>Summerton</u>			22. Birthplace (city or place) (State or country) <u>Charleston</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>		
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 19.....			25. Date (month and year) last engaged in this work 19.....		
17. Total time (years) spent 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, 1923 M. B. Woodward, M. D.

Registrar.

Registrar.