

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Bowman  
 Inc. Town of Bowman  
 City of Bowman

## CERTIFICATE OF BIRTH

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

No. for State Register Card  
**37073**

Registration District No. 310 Registered No. 1  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

(3) SEX OF CHILD Boy (4) Type or Twin No (5) Number in order of birth 1 (6) Age at birth yes (7) DATE OF BIRTH Oct 9, 1923  
 (Name of Month) (Day) (Year)

FATHER  
 (8) NAME Sam Berry

(9) PRESENT RESIDENCE OF FATHER Bowman S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38  
 (Year)

(12) BIRTHPLACE Orangeburg Co.

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth 9

MOTHER  
 (14) NAME BEFORE MARRIAGE Lillie West

(15) PRESENT RESIDENCE OF MOTHER Bowman S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23  
 (Year)

(18) BIRTHPLACE Orangeburg Co.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) A. L. Black

(23) State whether Physician or Midwife Physician

(24) Address of Physician or Midwife Bowman S.C.

Given name added from a supplemental report

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

(26) Filed 10 (27) W. J. A. Mont 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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