

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 5.

McCaw, of Columbia.

FORM NO. 1
(1) PLACE OF BIRTH *Edgefield*
County of *Edgefield*
Township of *Wine*
or
Inc. Town of
or
City of (No. St.; Ward)
(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
52051

(2) Full Name of Child *Marion Bowen* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>March 4</i> 191 <i>6</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Marion Bowen</i>			(14) NAME BEFORE MARRIAGE <i>Dina Bowen</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Trenton SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Trenton SC</i>	
(10) COLOR OR RACE <i>negro</i>	(11) AGE AT LAST BIRTHDAY <i>33</i> (Years)	(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)	
(12) BIRTHPLACE <i>Edgefield Co</i>			(18) BIRTHPLACE <i>Edgefield Co</i>	
(13) OCCUPATION <i>House Hand</i>			(19) OCCUPATION <i>House Wife</i>	
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Nancy Chamberlain*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *March 10* 191*6* (28) *J. A. Simmons* 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.