

(1) PLACE OF BIRTH
 County of Bamberg
 Township of
 or Inc. Town of Bamberg
 or 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

No. 16727
 Registration District No. 4A Registered No. 14
 (For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Harry M. Cawley (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 20, 1923</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Frederick M. Cawley</u>			(14) NAME BEFORE MARRIAGE <u>Jessie Campbell</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Bamberg</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Bamberg</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>17</u>	
(12) BIRTHPLACE <u>Bamberg</u>			(18) BIRTHPLACE <u>Bamberg</u>	
(13) OCCUPATION <u>Cotton mill hand</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rebecca Glover
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Off B 23 (27) Filed 23 (28) John Conner 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.