

(1) PLACE OF BIRTH  
County of **McCormick**

Township of **McCormick, S. C.**

or  
Inc. Town of .....

or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of St.; ..... Ward)

2) Full Name of Child **Ethel Leona Plowden**

File No. — For State Registrar Only  
**31206**

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. **4505** Registered No. ....  
(For use of Local Registrar)

3) BOY OR  
GIRL **Girl**

(4) Twin  
or Triplet?

(5) Number in  
order of birth

(6) Are  
Parents  
Married? **Yes**

(7) DATE **Sept. 9 22**  
BIRTH (Name of Month) (Day) (Year)

FATHER

8) FULL  
NAME **James Covin Plowden**

9) PRESENT  
POST OFFICE  
OF FATHER **Mt. Carmel, S. C.**

10) COLOR  
OR  
RACE **White**

(11) AGE AT LAST  
BIRTHDAY **38**  
(Years)

12) BIRTHPLACE

**Clarendon Co. S. C.**

13) OCCUPATION

**Teacher**

14) Number of children born to  
mother, including present birth **2**

MOTHER

(14) NAME BEFORE  
MARRIAGE **Ethel Wells**

(15) PRESENT  
POST OFFICE  
OF MOTHER **Mt. Carmel, S. C.**

(16) COLOR  
OR  
RACE **White**

(17) AGE AT LAST  
BIRTHDAY **32**  
(Years)

(18) BIRTHPLACE

**Abbeville, S. C.**

(19) OCCUPATION

**Housewife**

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was **alive** at **5:30** **A.M.**  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) **C. C. Gambrell, M. D.**

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

**Abbeville, S. C.**

Given name added from a supplemen-  
tal report

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

(27) Filed **9-15-22** (28) **D. J. F. [Signature]**  
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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