

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

OR  
Inc. Town of .....City of Pickens

(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

36104

Registration District No. 3706Registered No. 92  
(For use of Local Registrar)

(No. .... Sec. .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 7 22  
(Name of Month) (Day) (Year)

(8) FULL NAME

Lonnie N. Bowen

FATHER.

(9) PRESENT POSTOFFICE OF FATHER

Pickens SC

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE

Pickens Co

(13) OCCUPATION

Textile operative

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

1 2

(14) NAME BEFORE MARRIAGE

MOTHER

Ola Brayeale

(15) PRESENT POSTOFFICE OF MOTHER

Pickens SC

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE

Pickens Co

(19) OCCUPATION

Housewife

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

1 2

## 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.

(23) (Signature)

(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

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(28) A. B. Porter  
Local Registrar19  
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.