(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or

Inc. Town of ..... Registration District No. 100 Registered No. 16

(For use of Local Registrar)

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

3584

2) Full Name of Child Sarah Amanda McGowan

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

(3) BOY OR GIRL Girl

(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 Mar 18 1923 (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Lamar McGowan

(10) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R.3 B.

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) COLOR OR RACE Blk.

(13) BIRTHPLACE S.C.

(14) OCCUPATION Farmer

(15) Number of children born to this mother including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Tate

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R.3 B.

(16) COLOR OR RACE Blk

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Home maker

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. J. E. McGowan

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Abbeville S.C. R.3 B.

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness J. E. Brooks

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

(27) Filed Mar 30 1923 (28) J. E. Brooks 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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N. B.—In case of TWINS or TRIPLETS, a separate BLANK for each child, and mark the twins or triplets in the margin.