

Form No. 1

## (1) PLACE OF BIRTH

County of

*Spartanburg*

Township of

*Dan. Jobello*or  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (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. 6, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*C. B. Gowan*

(9) PRESENT POSTOFFICE OF FATHER

*Duncan S.B.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*24*  
(Years)

(12) BIRTHPLACE

*S.B.*

(13) OCCUPATION

*Shoemaker*

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

*1**3*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Annie May Wheeler*

(15) PRESENT POSTOFFICE OF MOTHER

*Duncan S.B.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*21*  
(Years)

(18) BIRTHPLACE

*S.B.*

(19) OCCUPATION

*Housewife*

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

*1**3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

*J. R. Gibson, M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Duncan, S.B.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*Oct 7, 1922*

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

DEPT. OF COMMERCE, COLUMBIA, S. C.

# AFFIDAVIT

STATE OF South Carolina

COUNTY OF Spartanburg

Name of Child: Robert Ralph Gowan,

Place of Birth: Inman S. C.

Date of Birth: October 6th, 1922

Name of Father: C. C. Gowan,

Maiden name of Mother: Annie May Wheeler,

Attending Physician, Jas. R. Gibson, M. D.

Personally appeared before me C. C. Gowan

who first being duly sworn says that he is the father

of Robert Ralph Gowan, who was born at Inman S. C.

on October 6th, 1922; that the birth records in the office of the Clerk of

Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:

That the name of Robert Ralph Gowan does not appear in the records  
of his birth.

that this affidavit is made for the purpose of correcting the errors as herein stated.

Sworn to before me this 24th  
day of February, 1941

B. W. Steadman

Notary Public for S. C.

C. C. Gowan

3/31/41