

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.

(1) PLACE OF BIRTH

County of Moore
 Township of Leemay
 or
 Inc. Town of Leemay
 or
 City of Leemay

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
64763

Registration District No. 25 A Registered No. 21
 (For use of Local Registrar)
 (No. 25 A Hospital) St.; Ward
 other institution, give name of same instead of street and number.)

(2) Full Name of Child Lofton Huntington Bowyer } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lofton Bowyer
 (9) PRESENT POSTOFFICE OF FATHER Leemay, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Marion S.C.
 (13) OCCUPATION Booker
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Grace Huntington
 (15) PRESENT POSTOFFICE OF MOTHER Leemay, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Hillsboro Md
 (19) OCCUPATION Housekeeping
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. H. Bunnage, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Leemay, S.C.

Given name added from a supplemental report

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 Registrar

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

(27) Filed June 26, 1916 (28) Edward Finch 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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