

MARGIN RESERVED FOR BINDING.
PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.
OFFICE OF COLUMBIA, S. C.

(1) PLACE OF BIRTH		COUNTY OF <u>Hampton</u>		TOWNSHIP OF <u>Proctor</u>	
OR		INC. TOWN OF <u>Early Branch</u>		OR	
CITY OF		(No. St.; Ward)		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
(2) Full Name of Child		<u>Richard Bowers</u>		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 18 1916</u>	
FATHER		MOTHER			
(8) FULL NAME <u>Edie Bowers</u>		(14) NAME BEFORE MARRIAGE <u>Louise Austin</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Early Branch</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Early Branch</u>			
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>33</u>		(17) AGE AT LAST BIRTHDAY <u>26</u>	
(12) BIRTHPLACE <u>S. C.</u>		(18) BIRTHPLACE <u>S. C.</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Field Work</u>			
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was ... at ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Rosa ...</u>		(25) Address of Physician or Midwife <u>Early Branch</u>			
(24) State whether <u>Midwife</u>		(26) Witness <u>Marion Hawthorn</u>			
Given name added from a supplemental report		(27) Filed <u>Sept 27 1916</u> (28) <u>Meta</u> 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.					