

(1) PLACE OF BIRTH

County of

Anderson

Township of

Inc. Town of

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

James Thomas Bowman and

File No. — For State Registrar Only

38481

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 1022 S. Main St. Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. C. Bowman

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

39 (Years)

(12) BIRTHPLACE

Anderson S.C.

(13) OCCUPATION

Farmer

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Eula Criss

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

39 (Years)

(18) BIRTHPLACE

Anderson S.C.

(19) OCCUPATION

Housewife

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

J. B. Mathers, M.D.
Anderson S.C.

Given name added from a supplemental report

(24) Witness

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

F. B. CRAYTON

(25) Filed

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(26)

ANDERSON S.C.

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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