# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17861

(1) PLACE OF BIRTH
County of Abbeville S C
Township of Abbeville
or
Inc. Town of ..... Registration District No. 100 Registered No. 30
(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.)

(2) Full Name of Child. Augustus Brook Cowan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? —
(5) Number in order of birth 5th
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH 6, 21, 1915
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Charles David Cowan
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R.7.D
(10) COLOR OR RACE Caucasian
(11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE Bellevue S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Miss Marie Cheatham
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C
(16) COLOR OR RACE Caucasian
(17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Warrenton S C
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

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

(23) (Signature) J. C. Hill M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Abbeville S C

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6-22, 1915 (28) A. Russ
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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WRITE PLAINLY, WITH INDELIBLE INK. DO NOT FOLD. DO NOT WRITE OUTSIDE THE LINES. THIS IS A PERMANENT RECORD.

N. B.—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.

N. B. McLaw, Comptroller of Columbia