Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
37950

(1) PLACE OF BIRTH

County of Abbeville Co

Township of Abbeville

or
Inc. Town of ..... Registration District No. 100 Registered No. 65 (For use of Local Reistrar)

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

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? X | (5) Number in order of birth X (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Nov (Name of Month) 20 (Day) 1915 (Year)

FATHER.	MOTHER.
(8) FULL NAME Mose Bowen	(14) NAME BEFORE MARRIAGE Florence Means
(9) PRESENT POSTOFFICE OF FATHER Abbeville Co	(15) PRESENT POSTOFFICE OF MOTHER Abbeville Co
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Abbeville Co	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth Three	(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nelly Means

(24) State whether Physician or Midwife Midwife | (25) Address of Physician or Midwife Abbeville Co

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Nov 29 1915 (28) E. Russey 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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McCaw, Stationery Co. of Columbia