

(1) PLACE OF BIRTH

County of HarryTownship of Simmons CreekOR
Inc. Town ofOR
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 Maggie Laurena McDowell child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 21st 1905
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Res. Quincy McDowell (14) NAME BEFORE MARRIAGE Nettie Anderson(9) PRESENT POSTOFFICE OF FATHER Altoona, S. C. (15) PRESENT POSTOFFICE OF MOTHER Altoona, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(Years) (Years)(12) BIRTHPLACE Harry County, S. C. (18) BIRTHPLACE Harry County, S. C.(13) OCCUPATION Farmer (19) OCCUPATION House Wife(20) Number of children born to mother, including present birth Five (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lina Todd (24) State whether Physician or Midwife (25) Address of Physician or Midwife Altoona, 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 May 22nd 1905 (28) Paul W. Quinn 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.