

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

FILE NO. — IN THE REGISTER'S OFFICE

(1) NAME OF CHILD *Anderson*
 (2) SEX OF CHILD *Male*
 (3) DATE OF BIRTH *May 13 1923*
 (4) PLACE OF BIRTH *Lowville, Tenn.*
 (5) REGISTRATION DISTRICT NO. *3.05*
 (6) TOWN OF *Lowville*
 (7) COUNTY OF *Lowville*
 (8) If child is not yet named, make supplemental report as directed

(9) Full Name of Child *John C. Rogers*
 (10) SEX OF CHILD *Male*
 (11) DATE OF BIRTH *May 13 1923*
 (12) PLACE OF BIRTH *Lowville, Tenn.*
 (13) REGISTRATION DISTRICT NO. *3.05*
 (14) TOWN OF *Lowville*
 (15) COUNTY OF *Lowville*

(16) FULL NAME *John C. Rogers*
 (17) PRESENT POSTOFFICE OF FATHER *Lowville*
 (18) COLOR OR RACE *White*
 (19) BIRTHPLACE *Tenn.*
 (20) OCCUPATION *Farmer*
 (21) Number of children born to mother, including present birth *3*
 (22) NAME BEFORE MARRIAGE *Eugenia Parks*
 (23) PRESENT POSTOFFICE OF MOTHER *Lowville*
 (24) COLOR OR RACE *White*
 (25) BIRTHPLACE *S.C.*
 (26) OCCUPATION *Housewife*
 (27) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) (Hour A. M. or P. M.)
 (29) (Signature) *J. M. Hobson*
 (30) State whether Physician or Midwife *Physician*
 (31) Address of Physician or Midwife *Lowville, Tenn.*

(32) Given name added from a supplemental report *101*
 (33) Witness *J. M. Hobson*
 (34) Filed *May 13 1923*
 (35) Local Registrar *J. M. Hobson*

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.