

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Florence</u>		STATE OF SOUTH CAROLINA		34459	
Township of <u>Motts</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>2012</u>		Registered No. <u>84</u>	
or				(For use of Local Registrar)	
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 <u>Charlie McDowell</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 8 1922</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Mose McDowell</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Gu</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Planta, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Planta, SC</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>70</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>IL</u>		
(13) OCCUPATION <u>Farm Labor</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Baroline</u> at <u>11 P</u> M., on the date above stated. (Be alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>L. A. Gu</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Planta, SC</u>					
Given name added from a supplemental report			(26) Witness <u>A. J. Kelley</u> (Signature of Witness necessary only when question 22 is signed by mark)		
19 .....			(27) Filed <u>10/17 1922</u>		
Registrar			(28) <u>A. J. Kelley</u> Local Registrar		
*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.					