

MARGIN RESERVED FOR BINDING.

WHITE 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.

RECORD OF COLORADO, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of York  
 Township of Bethesda  
 OR  
 Inc. Town of .....  
 OR  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9511

Registration District No. 4401Registered No. 16  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward ....)

(2) Full Name of Child James Lowry

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

11 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Lowry

(9) PRESENT POSTOFFICE OF FATHER

M. C. Connelleville, S. C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Kathleen Moore

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

18  
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Farming

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sophy Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. C. Connelleville, S. C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "mark")

Mar 21, 1922 S. J. Love

(27) Filed

(28) 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.