

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN 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.

REG. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of York
 Township of Bethesda
 OF
 Inc. Town of
 OF
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(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? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 11.....1922
 To be answered only in event of Twin or Triplet (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.....
 (Year)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth

MOTHER.
 (14) NAME BEFORE MARRIAGE Kathleen Moore
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18.....
 (Year)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive..... 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

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed) mark
Mar 21 1922 (27) Filed S. J. Love
 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.