CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
45027

(1) PLACE OF BIRTH

County of York

Township of Bethesda

or
Inc. Town of ..... Registration District No. 64.01. Registered No. 119
(For use of Local Registrar)

or
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** ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Dec. 20, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Asbury Lowry

(9) PRESENT POSTOFFICE OF FATHER York RFD 3

(10) COLOR OR RACE White | (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE York Co - SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ada McDowell Merritt

(15) PRESENT POSTOFFICE OF MOTHER York RFD 3

(16) COLOR OR RACE White | (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE York Co - SC

(19) OCCUPATION Housework

(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 alive at 5 45 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. D. M. Dowell

(24) State whether Physician or Midwife: M.D.

(25) Address of Physician or Midwife: York SC

Given name added from a supplemental report ....., 191....

..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 3 1916 (28) A. H. 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.

fifth month of pregnancy.

McCrew, of Columbia

FORM No. 5.
WHITE PLAINS. 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 OTHERS, No. 2, etc., in question 5.