

(1) PLACE OF BIRTH

County of Anderson
 Township of Broadway
 or
 Inc. Town of

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

File No.—For State Registrar Only

38502

Registration District No. 301Registered No. 46
(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

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

2 SEX OF CHILD Boy (3) Twin or Triplet ✓ (4) Number in order of birth ✓ (5) Are Parents Married yes (7) DATE OF BIRTH Dec. 15-1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME John S. Lowe
 9 PRESENT POSTOFFICE OF FATHER Belton R.F.D. #2
 10 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29
 12 BIRTHPLACE Anderson Co. S.C.

13 OCCUPATION

Farmer

24 Number of children born to mother, including present birth

7

MOTHER.

14 NAME BEFORE MARRIAGE Bertie Duncan
 15 PRESENT POSTOFFICE OF MOTHER Belton S.C. R.F.D. #2
 16 COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
 18 BIRTHPLACE Anderson Co. S.C.
 19 OCCUPATION Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... born alive ... at ... 12 P.M. ...
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Chas. J. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson S.C.

When same added from a supplemental report

(26) Witness

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

(27) Filed Jan 10 1924

(28)

W.C. Campbell
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.

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