

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Lowman  
 or  
 Inc. Town of Lowman  
 or  
 City of .....

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

164

Registration District No. 3A Registered No. 13  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James H. Buchanan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan. 11, 1920  
 (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Herschel R. Buchanan  
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
 (Year)

(12) BIRTHPLACE Jackson Co. N.C.  
 (13) OCCUPATION Shut Car Mechanic

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Bishop  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
 (Year)

(18) BIRTHPLACE Jackson Co. N.C.  
 (19) OCCUPATION Housewife

(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 alive, at Lowman, S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. L. Crayton M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 21, 1920 E. B. CRAYTON  
 Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person 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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