

Form No. 1.

(1) PLACE OF BIRTH

County of ClarendonTownship of Midwayor
Inc. Town ofor
City of

(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

76450

Registration District No. 13 P.T. Registered No. 45
(For use of Local Registrar)(2) Full Name of Child John Lowery { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>W</u>	(7) DATE OF BIRTH <u>July 29</u> <small>(Name of Month) (Day) 191<u>6</u> (Year)</small>
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FATHER.

(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE	(13) OCCUPATION	(20) Number of children born to mother, including present birth	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Susan Lowery</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>New Zion SC</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>13</u> (Years)
(18) BIRTHPLACE <u>Clarendon Cd</u>	(19) OCCUPATION <u>Farm Laborer</u>	(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 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia J. Bullock
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife New Zion SC

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness Hugh McFadden
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 10 1916 (28) V. H. Smith
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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCaw, of Columbia.