

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of Hamrick

or  
Inc. Town of

or  
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

45072

Registered No. 128  
(For use of Local Registrar)

(2) Full Name of Child

Tom Clifton Lowmy

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Dec 1, 1915  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Tom Lowmy

(9) PRESENT POSTOFFICE OF FATHER

Chambers Rd.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

York Co

(13) OCCUPATION

Farmer

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

24

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Lowmy

(15) PRESENT POSTOFFICE OF MOTHER

Chambers Rd.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

York Co

(19) OCCUPATION

Housewife

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

24

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Chambers Rd. (Born alive or stillborn) (How? A. M. or P. M.)  
on the date above stated.

(23) (Signature) Reported by father

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

By mail

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Dec 1, 1915

(28)

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.