

MADE IN THE STATE OF SOUTH CAROLINA FOR BINDING  
 WRITE CAREFULLY WITH 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 2.

(1) PLACE OF BIRTH

County of Sumter  
 Township of Sumter  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward ....)

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

Registration District No. .... Registered No. 89  
 (For use of Local Registrar)

File No.—For State Registrar Only  
13054

(2) Full Name of Child

3) BOY OR GIRL? Girl 4) Twin or Triplet? ..... 5) Number in order of birth ..... 6) Are Parents Married? Yes 7) DATE OF BIRTH March 12, 1922  
 (If child is not yet named, make supplemental report as directed)  
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James Lowmy  
 9) PRESENT POSTOFFICE OF FATHER R. 4, Sumter, S.C.  
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 45 (Year)  
 12) BIRTHPLACE S.C.  
 13) OCCUPATION Farming  
 20) Number of children born to mother, including present birth 18

MOTHER.

14) NAME BEFORE MARRIAGE Edna ?  
 15) PRESENT POSTOFFICE OF MOTHER R. 4, Sumter, S.C.  
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY About 35 (Year)  
 18) BIRTHPLACE S.C.  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated (1) (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
 (27) May 4, 1922 (28) [Signature] 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.