

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN THE 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.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Chester</u>				STATE OF SOUTH CAROLINA		731	
Township of <u>Chester</u>				Bureau of Vital Statistics			
or				State Board of Health			
Inc. Town of				Registration District No. <u>1107</u>		Registered No.	
or				(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 <u>Wilbert Lowrey</u>				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> To be answered only in case of Twins or Triplets		(5) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>Jan 25</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER.				MOTHER.			
(8) FULL NAME <u>Henry Lowrey</u>				(14) NAME BEFORE MARRIAGE <u>Mrs. J. E. Gabel</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Lebanon S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Lebanon S.C.</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)		(16) COLOR OR RACE <u>Colored</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Lebanon S.C.</u>				(18) BIRTHPLACE <u>Chester Co.</u>			
(13) OCCUPATION <u>carpenter</u>				(19) OCCUPATION <u>carpenter's wife</u>			
(20) Number of children born to mother, including present birth <u>2</u>				(21) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.							
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Edgar Lowrey</u>				(25) Address of Physician or Midwife <u>Lebanon S.C.</u>			
(24) State whether Physician or Midwife <u>born wife</u>							
Given name added from a supplemental report				(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19				(27) Filed <u>Jan 31</u> 19 <u>22</u> (28)			
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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RECEIVED BY COLLECTOR, COLUMBIA, S. C.

Form No. 9