

(1) PLACE OF BIRTH

County of CherokeeTownship of Lowville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44438

Registration District No. 1002 Registered No. 55
(For use of Local Registrar)(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 George Robert Proctor (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 Dec. 15, 23
(State of Month) (Day) (Year)

FATHER MOTHER.

(8) FULL NAME Freddie Proctor (14) NAME BEFORE MARRIAGE Blanche Simp(9) PRESENT POSTOFFICE OF FATHER Lowville S.C. (15) PRESENT POSTOFFICE OF MOTHER same(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE same (17) AGE AT LAST BIRTHDAY 24
(Years) (Years)(12) BIRTHPLACE Cherokee S.C. (18) BIRTHPLACE Union Co. S.C.(13) OCCUPATION Farmer (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. L. James (24) State South Carolina (25) Address of Physician or Midwife Physician Lowville S.C.

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

(27) Filed Jan 1 1924 (28) Sam J. Hain 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.