

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of over

or

Inc. Town of

or

City of Palmdale

(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

16566

Registration District No. 3803Registered No. 132

(For use of Local Registrar)

(2) Full Name of Child Charles Lowman

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married yes

(7) DATE OF BIRTH

May 1, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Charles Lowman(9) PRESENT POSTOFFICE OF FATHER Hopkins S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Easter Williams(15) PRESENT POSTOFFICE OF MOTHER Hopkins(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 11 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Priscilla Goodwin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hopkins S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 5, 1922

(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.