

—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.

McDOW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Laurens
 Township of Fills Creek
 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
15527

Registration District No. 2804 Registered No. 90
 (For use of Local Registrar)

St.; _____ Ward)

(2) Full Name of Child Walter Nichols Lowery
 (If not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH March 2
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME L. C. Lowery (14) NAME BEFORE MARRIAGE Mabel Benson

(9) PRESENT POSTOFFICE OF FATHER Laurens S.C. (15) PRESENT POSTOFFICE OF MOTHER Laurens S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years) (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Chesterfield Co. (18) BIRTHPLACE Chester S.C.

(13) OCCUPATION Farmer (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature Chapman (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Laurens S.C.

Given name added from a supplemental report _____ (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)

_____, 19____ Registrar (27) Filed 6-12-2 (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.