

(1) PLACE OF BIRTH

County of Mecklenburg
 Township of Union
 or
 Inc. Town of.....
 or
 City of.....

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

Registration District No. 723

File No.—For State Registrar Only
31251

Registered No. 44
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Helen Mary Lowrey St.; Ward)

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

(3) BOY OR GIRL? <u>G</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 15, 22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>William S. Co.</u>			(10) NAME BEFORE MARRIAGE <u>William S. Co.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union S. C.</u>	
(11) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(13) BIRTHPLACE <u>Union S. C.</u>			(18) BIRTHPLACE <u>Union S. C.</u>	
(14) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Homemaker</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Helen Mary Lowrey at Union S. C. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William S. Co.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Union S. C.

Given name added from a supplemental report

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

(27) Filed July 15, 22 (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.