

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

Registration District No. 4000

File No. - For State Registrar Only

8526

Registered No. 25
(For use of Local Registrar)

(2) Full Name of Child Lucy Maria Slowe

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

7

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Jan 19 1903
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

William M Slowe

(9) PRESENT POSTOFFICE OF FATHER

Apalachicola

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

43

(12) BIRTHPLACE

Laurel SC

(13) OCCUPATION

Mill oper

(20) Number of children born to mother, including present birth

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Pearle Reed

(15) PRESENT POSTOFFICE OF MOTHER

Apalachicola

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

40

(18) BIRTHPLACE

Ashville NC

(19) OCCUPATION

Housework

(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 born alive or stillborn at 12 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

M R Landrum MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

MAR 11 1903

(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.

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