

(1) PLACE OF BIRTH

County of LowndesTownship of Carlewell

or

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

46192

Registration District No. 2002 Registered No. 4

(For use of Local Registrar)

St.: _____ Ward:

(2) Full Name of Child. Lowndes Mary Louise

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

(3) ~~BOY OR~~
GIRL?(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH Jul 1906
(X) (line of Month) (Day) (Year)

FATHER.

(8) FULL
NAME George William Lowndes(9) PRESENT
POSTOFFICE
OF FATHER Lowndes, S.C.(10) COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 45
(Years)(12) BIRTHPLACE Lowndes, S.C.(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Mary Virginia Lowndes(15) PRESENT
POSTOFFICE
OF MOTHER Lowndes, S.C.(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 43
(Years)(18) BIRTHPLACE Lowndes, S.C.(19) OCCUPATION Farmer(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6:00 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Taylor(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lowndes, S.C.Given name added from a supplemen-
tal report

....., 191.....

.....
Registrar

(26) Witness

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

(27) Filed 191.....

(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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

N. B. of Columbia.

N. B. McCaw.