

IF STAMPS OR TRIPLES use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1 THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Leflore</u>		STATE OF SOUTH CAROLINA		31160	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
City of <u>Greenville</u>		State Board of Health			
Inc. Town of <u>Greenville</u>		Registration District No. <u>3165</u>		Registered No. <u>97</u>	
City of <u>Greenville</u>		(No. <u>3165</u> St. <u>97</u> Ward)		(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 <u>Lyne Lowman</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 20, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Richard Lowman</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Newbrookland</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Newbrookland P.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>Leflore Co.</u>			(18) BIRTHPLACE <u>Leflore Co.</u>		
(13) OCCUPATION <u>Public Work</u>			(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>1 2</u>			(21) Number of children of this mother now living, including present birth <u>1 2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Saacie Jones</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Newbrookland</u>					
Given name added from a supplemental report			(26) Witness <u>J. B. Lybrand</u> (Signature of Witness necessary only when question 23 is signed by father)		
..... 19 .....			(27) Filed <u>9/28</u> 19 <u>22</u> (28) <u>J. B. Lybrand</u> Registrar 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.					