

THIS IS A PREPARATION RECORD.
 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.
 DEPARTMENT OF HEALTH, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Long Cane
 OR
 Inc. Town of
 OR
 City of

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

File No.—For State Registrar Only
24423

Registration District No. 107 Registered No. 457
 (For use of Local Registrar)

(2) Full Name of Child Low Elizabeth (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 15-22
To be answered only in event of Twins or Triplets (Names of Month) (Day) (Year)

FATHER.
 (8) FULL NAME D. C. Terry
 (9) PRESENT POSTOFFICE OF FATHER Donalds, P.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24
(Years)
 (12) BIRTHPLACE
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Cora Loumax
 (15) PRESENT POSTOFFICE OF MOTHER Donalds, P.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19
(Years)
 (18) BIRTHPLACE
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Coker (24) State whether Physician or Midwife Midwife (25) Address of Physi. or Midwife Donalds, P.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 8 1922 (28) E. H. Miller 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.