

(1) PLACE OF BIRTH

County of DillonTownship of Harceenor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39930

Registration District No. 1602 Registered No. 148
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Jimmie Lowry If child is not yet named, make supplemental report as directed(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 3 22
(Name of Month) (Day) (Year)FATHER (14) NAME BEFORE MARRIAGE Quinn Clark(15) PRESENT POSTOFFICE OF FATHER Little Rock, Ark. (16) PRESENT POSTOFFICE OF MOTHER Little Rock, Ark.(17) COLOR OR RACE Indian (18) AGE AT LAST BIRTHDAY 2 (19) BIRTHPLACE U.S.(20) OCCUPATION Farmer (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) Katherine M. Lowry (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Rock, Ark.(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) Dec 10 22 (27) Filed 13 (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.)