

Form No. 1

## (1) PLACE OF BIRTH

County of *Spencer*Township of *New Latchin*

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

43023

Registration District No. *1600*Registered No. *110*

(For use of Local Registrar)

## (2) Full Name of Child

*Lowther*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married *Yes*

(7) DATE OF

BIRTH *Nov. 17<sup>th</sup>*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Charlie Lowther*

(9) PRESENT POSTOFFICE OF FATHER

*Ridgeland, S.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*25*  
(Years)

(12) BIRTHPLACE

*S.C.*

(13) OCCUPATION

*Farmer*

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

*Four*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*English Harris*

(15) PRESENT POSTOFFICE OF MOTHER

*Ridgeland, S.C.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*23*  
(Years)

(18) BIRTHPLACE

*S.C.*

(19) OCCUPATION

*House wife*

(21) Number of children of this mother now living, including present birth

*Four*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was, on the date above stated.

*Born alive or stillborn* *at 2 P. M.*  
(Hour A. M. or P. M.)

(23) (Signature)

(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 mark)

(27) Filed

(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.