

(1) PLACE OF BIRTH

County of Sumter
Township of Shiloh
or
Inc. Town of.....
or
City of.....

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

No. for State Registrar Only

19349

Registration District No. 4.12.7 Registered No. 63
(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.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Earnest McDowell

(3) SEX OF CHILD Boy (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26, 1934
(To be answered only in event of Twin or Triplet)

FATHER: (8) FULL NAME George McDowell (14) NAME BEFORE MARRIAGE Ivory Simmons

(9) PRESENT POSTOFFICE OF FATHER Shiloh, S.C. (15) PRESENT POSTOFFICE OF MOTHER Shiloh, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27

(12) BIRTHPLACE Sumter Co (18) BIRTHPLACE Sumter Co

(13) OCCUPATION Farming (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 2 (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 (Born alive or stillborn) (Hour, M. or P. M.) 4 P.
on the date above stated.

(23) (Signature) Alace X. McEwen (24) State whether Physician or Midwife Midwife (25) Name of Physician or Midwife Shiloh

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed) Alace X. McEwen
(27) Filed 7-10-34 at Shiloh 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.