

## (1) PLACE OF BIRTH

County of *Charleston*Township of *Lowndes*Inc. Town of *Lowndes S.C.*City of *Lowndes S.C.*

(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

Registration District No. *1106*

File No. - For State Registrar Only

17164

Registered No. *70*  
(For use of Local Registrar)(No. *1106* St. *70* Ward *70*)

## (2) Full Name of Child

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *June 2, 1923*  
(Time of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <i>Lied Haby</i>	(14) NAME BEFORE MARRIAGE <i>May Sims</i>		(15) PRESENT POSTOFFICE OF FATHER <i>Lowndes S.C.</i>	(16) PRESENT POSTOFFICE OF MOTHER <i>Lowndes S.C.</i>	
(9) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>32</i>		(17) COLOR OR RACE <i>White</i>	(18) AGE AT LAST BIRTHDAY <i>28</i>	
(12) BIRTHPLACE <i>York County</i>			(19) BIRTHPLACE <i>Charleston Co</i>		
(13) OCCUPATION <i>mill operator</i>			(20) OCCUPATION <i>Domestic</i>		
(21) Number of children born to mother, including present birth <i>2</i>			(22) Number of children of this mother now living, including present birth <i>1</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born* at *12-41* M. on the date above stated. (Born alive or stillborn. (Hour, date, or P. M.)(24) (Signature) *J. N. Guston*

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife *Charleston S.C.*

(Given name added from a supplemental report)

(27) Witness (Signature of Witness necessary only when question 23 is signed by mar)

(28) Filed *7/6 23* (29) *J. H. Hall* 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.

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