

## (1) PLACE OF BIRTH

County of LeeTownship of Lynchburg

In Town of .....

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

Registration District No. 502Registered No. 157  
(For use of Local Registrar)

## (2) Full Name of Child

James LowrySex BoyType Yes

To be answered only in case of Twins or Triplets

Number in order of birth

Age at last birthday

Color or race

Birthplace

Occupation

Number of children born to mother, including present birth

Name before marriage

Present residence of mother

Color or race

Age at last birthday

Birthplace

Occupation

Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born about Dec 23 at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Cook

(24) State where Physician or Midwife

(25) Address of Physician or Midwife

Atkins S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

1/8 1924

(28) Local Registrar

J. F. McChesney

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.