

## PLACE OF BIRTH

County of GreeneTownship of Timmonsor  
Town of \_\_\_\_\_or  
City of Greene

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

FULL NAME OF CHILD Sam Louis FlowersBoy or Girl Girl If Plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_6. Premature yes 7. Are Parents Married? yes

FILE No.—For State Registrar Only

4181-ARegistered No. 60

(For use of Local Registrar)

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7018(No. R.T.D. #4 Timmons, S.C. Ward)

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

FATHER  
Full name Wm. Volly FlowersResidence (usual place of abode)  
If non-resident, give place and State Timmons SupColor or white 12. Age at last birthday 2 1/2 (Years)Birthplace (city or place) Berlington Co(State or country) S. C.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FarmerIndustry or business in which work was done, as silk mill, sawmill, bank, etc. Own FarmDate (month and year) last engaged in this work Now 19 1917. Total time (years) spent in this work 2Order of children of this mother (Born alive and now living 1) (b) Born alive but now dead 0 (c) Stillborn 0

Time of birth and including this child

Stillborn, (months) (weeks) 29. Cause of stillbirth \_\_\_\_\_

MOTHER  
Full maiden name Bayte Majell19. Residence (usual place of abode)  
(If non-resident, give place and State) Timmons Sup20. Color or white 21. Age at last birthday 22 (Years)22. Birthplace (city or place) Lancaster Co(State or country) S. C.OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home25. Date (month and year) last engaged in this work Now 19 1926. Total time (years) spent in this work 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:00 P. m. on the date above stated.  
(Born alive or stillborn)(Signed J. H. Houch M.D.)

or \_\_\_\_\_ Midwife

Address Timmons, S. C.Filed Feb 17, 19 24 J. H. Houch Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Name added from supplemental report \_\_\_\_\_

(Date of)

Registrar.