

Form No. 3

(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

23 048084

ir Only

Registration District No. 4-107 Registered No. 10
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Clara Lucile McDowell (If child not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28 23
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Andrew McDowell</u>	(14) NAME BEFORE MARRIAGE	<u>Everlina Smith</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Shiloh, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Shiloh, S.C.</u>
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>
(11) AGE AT LAST BIRTHDAY	<u>27</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>22</u> (Years)
(12) BIRTHPLACE	<u>Sumter Co</u>	(18) BIRTHPLACE	<u>Sumter Co</u>
(13) OCCUPATION	<u>Farming</u>	(19) OCCUPATION	<u>Housework</u>
(20) Number of children born to mother, including present birth	<u>3</u>	(21) Number of children of this mother now living, including present birth	<u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5-00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy McQueen
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Shiloh S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed 2-2 1923 (28) S. B. McQueen 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCRAW OF COLUMBIA, COLUMBIA, S. C.