

(1) PLACE OF BIRTH

County of ClaytonTownship of Claytonor
Inc. 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

File No. For State Registrar Only

62877

Registration District No. 712 Registered No. 115

(For use of Local Registrar)

(2) Full Name of Child Albert M. Lowe } If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> <small>to be answered only in event of twins or triplets</small>	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 2, 1912</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
8) FULL NAME <u>Cullen Lowe</u>	14) NAME BEFORE MARRIAGE <u>Raisy Ford</u>	9) PRESENT POSTOFFICE OF FATHER <u>Hawthorne</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Hawthorne</u>
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>46</u> <small>(Years)</small>	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>44</u> <small>(Years)</small>
12) BIRTHPLACE <u>SC</u>	18) BIRTHPLACE <u>SC</u>	13) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>Labor</u>
20) Number of children born to mother, including present birth <u>9</u>	21) Number of children of this mother now living, including present birth <u>9</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis Williams(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Jackson SC

Given name added from a supplemental report

191.....

Registrar

(26) Witness W.A. Eubank
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6/6 191..... (28) W.A. Eubank
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw of Columbia FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 5.