PLACE OF BIRTH

County of York

Township of Broad River

or Town of .....

or City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
16275

Registration District No. 4402 Registered No. 34
(For use of Local Registrar)

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

Full Name of Child ..... If child is not yet named, make supplemental report as directed

BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			yes	May, 30, 1922 (Name of Month) (Day) (Year)

FATHER.

FULL NAME: Robert Jackson Lower

PRESENT POSTOFFICE OF FATHER: Hickory Grove S.C. RFD #2

COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: York County

OCCUPATION: Farming

Number of children born to mother, including present birth: 5

MOTHER.

(14) NAME BEFORE MARRIAGE: Dorton Carroll

(15) PRESENT POSTOFFICE OF MOTHER: Hickory Grove S.C. RFD #2

(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: York

(19) OCCUPATION: Domestic

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) C. A. Hord M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Hickory Grove S.C.

If name added from a supplemental report ..... 191....

..... Registrar

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

(27) Filed June 9 1923 (28) C. W. Kerby Local Registrar.

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