

(1) PLACE OF BIRTH

County of MustardTownship of St. Croghan

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1205

File No. — For State Registrar Only

41693

Registered No. 114

(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.)

(2) Full Name of Child

not named

{ If child is 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 Dec 12 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Lowery(9) PRESENT POSTOFFICE OF FATHER St. Croghan S.C. 9th(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Lowery(15) PRESENT POSTOFFICE OF MOTHER St. Croghan S.C. 9th(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 7:00 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Delia Tate(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife St. Croghan S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

18

(28)

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.

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