

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor Inc. Town of Greenvilleor City of Greenville(No. 310 Perry Ave. 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 Thomas Charles Lower { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 30 1922  
(Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME Thomas Charles Lower(2) PRESENT POSTOFFICE OF FATHER Greenville S.C.(3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 37 (Years)(5) BIRTHPLACE Richmond Va(6) OCCUPATION Electrician(7) Number of children born to mother, including present birth Two

## MOTHER.

(8) NAME BEFORE MARRIAGE Kathryn Smith(9) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Corry - Pennsylvania(13) OCCUPATION Housewife(14) Number of children of this mother now living, including present birth two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(15) I hereby certify that I attended the birth of this child, who was Alive at 11:45 A.M. or P.M. on the date above stated. (Born alive or stillborn)(16) (Signature) Jas. M. Fawell M.D. (17) Address of Physician or Midwife 324 N. Mainville S.C.(18) State whether Physician or Midwife Physician

Given name added from a supplemental report

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Registrar

(19) Witness (Signature of Witness necessary only when question 15 is signed by mark)

(20) Jan 4 1923 (21) C. E. Smith 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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File No.—For State Registrar Only

42551