

(1) PLACE OF BIRTH
 County of Sumter
 Township of Stateburg
 or
 Inc. Town of

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

File No.—For State Registrar Only
44835

Registration District No. 4409 Registered No. 116
 (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 Harry Lowrey } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 30 1914
To be answered only in event of Twin or Triplet's (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Lowrey
 (9) PRESENT POSTOFFICE OF FATHER Sumter, S.C. R3
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Ray
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R3
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Keeper
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harrington Ray
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S.C. R3

Given name added from a supplemental report

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

(27) Filed 1/25 1915 (28) A. F. Neyle
 Registrar 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 required of stillbirths before the fifth month of pregnancy.

Form No. 10. MARGIN RESERVED FOR PRINTING. WHITE PLAIN. USE LEADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and work the FIRST-BORN. No. 1, THE OTHER, No. 2, etc., in question 3.