

(1) PLACE OF BIRTH

County of ...

Township of ...

or
Inc. 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

37713

Registration District No. 1100

Registered No. 55-
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Charles Lee Lowe

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

9th

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 18th 1922

FATHER.

(8) FULL NAME

Charles Lee Lowe

(9) PRESENT POSTOFFICE OF FATHER

Lowville R.R. 10th

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

47

(12) BIRTHPLACE

Chester Co, S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Bean

(15) PRESENT POSTOFFICE OF MOTHER

Lowville R.R. 10th

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

43

(18) BIRTHPLACE

Chester Co S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

9

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at ... M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 10 1922 (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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