(1) PLACE OF BIRTH

County of Lexington

Township of Gaston

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 7702

Registration District No. 2106 Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Clara Ellen Lowe

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: 2
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: July 4, 1928 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Laurence Lowe

(9) PRESENT POSTOFFICE OF FATHER: Irmo SC

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

(12) BIRTHPLACE: Irmo SC Lexington

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Clara Harmon

(15) PRESENT POSTOFFICE OF MOTHER: Irmo SC

(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Georgia

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) R E Marshall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Irmo SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) S A Martin
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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McCaw of Columbia, Columbia, S. C.