

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Florence
 Township of Motts
 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

22185

Registration District No. 2014 Registered No. 52
 (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 De Lancy J. McDowell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 29, 1932
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Solomon McDowell (14) NAME BEFORE MARRIAGE Doshia Rush

(9) PRESENT POSTOFFICE OF FATHER Clayton, SC (15) PRESENT POSTOFFICE OF MOTHER Clayton, SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24
 (Years) (Years)

(12) BIRTHPLACE So Cal (18) BIRTHPLACE So Cal

(13) OCCUPATION Farming (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline McDowell (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clayton, SC

Given name added from a supplemental report

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

(37) Filed 7-1 1932 (38) R. D. Kelley 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.