(1) PLACE OF BIRTH

County of Lexington

Township of Chinquapin

or

Inc. Town of ..... Registration District No. 310A Registered No. 12

(For use of Local Reistrar)

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
19365

(2) Full Name of Child. Youshome Rowe — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH June 12, 1922 (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets			

FATHER.		MOTHER.	
(8) FULL NAME	Rowe	(14) NAME BEFORE MARRIAGE	[illegible]
(9) PRESENT POSTOFFICE OF FATHER	[illegible]	(15) PRESENT POSTOFFICE OF MOTHER	Steedman
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY 44 (Years)	(16) COLOR OR RACE Color	(17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE	Lexington Co	(18) BIRTHPLACE	[illegible]
(13) OCCUPATION	Farming	(19) OCCUPATION	Farming
(20) Number of children born to mother, including present birth	Eleven	(21) Number of children of this mother now living, including present birth	Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Nicklas

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Steedman

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed June 15 1922 (28) A. B. Dunstan
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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