

County of Vallejo
Township of Luzon
or
Inc. Town of
or
City of

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

3323

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3. BOY OR GIRL? <i>Girl</i>	4. Twin or Triplet? <i>Twin</i>	5. Number in order of birth <i>1</i>	6. Are Parents Married? <i>Yes</i>	7. DATE OF BIRTH <i>Feb 28 1922</i> (Name of Month) (Day) (Year)
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FATHER.

8. FULL NAME Thomas Rowe

9. PRESENT POST OFFICE OF FATHER Cameron, S. C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 16 (Year)

12. BIRTHPLACE Calhoun Co

13. OCCUPATION Farm Help

20. Number of children born to mother, including present birth 1 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Wearing

(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.

(16) COLOR? negro
OR RACE

(17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Calhoun Co.

(19) OCCUPATION House work

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

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1. P. M.
on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) Jane Mitchell
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sameron, S.C.

Given name added from a supplemental report

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

(27) Filed March 2, 1922 (28) W. F. Keller 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.