

Form No. 1

## (1) PLACE OF BIRTH

County of Fairfield

Township of .....

OR  
Inc. Town of MinnersboroOR  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

30103

Registration District No. 14 Registered No. 47  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Sara Isabel McDowell (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 18 19 22  
(Name Month Day Year)

## FATHER.

(8) FULL NAME Ralph H. McDowell(9) PRESENT POSTOFFICE OF FATHER Minnersboro S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Fairfield Co.(13) OCCUPATION Mechanic(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Gladden(15) PRESENT POSTOFFICE OF MOTHER Minnersboro, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Fairfield Co.(19) OCCUPATION Housewife(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 born alive at 8:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Saul A. Lindsay(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Minnersboro 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 Oct 10 19 22 (28) D.M. Harmon 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.

TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, S. C.