FORM NO. 2.

(1) PLACE OF BIRTH

County of Orangeburg

Township of city

(or) Town of ..... Registration District No. 3 b a Registered No. 107

(For use of Local Registrar)

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

28720

2 Full Name of Child Edward Wynne Lowman

If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy

(4) Twin or Triplet? (In no changed only in event of twins or triplets)

(5) Number in order of birth One

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 16, 1925 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar E. Lowman

(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Orangeburg SC

(13) OCCUPATION Filing Clerk

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

MOTHER.

(14) NAME BEFORE MARRIAGE Geraldine L. Lanz

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE New York

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 30 a.m. (Born alive or stillborn) (Hour) (A.M. or P.M.) on the date above stated.

(23) (Signature) Thos. [illegible]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

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Registrar

(26) Witness .....

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

(27) Filed July 21 1925 (28) W. H. Duke Local Registrar.

*If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WHERE INK APPEARS FAINT, TRACE IN A PERMANENT INK.

2. 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