

Amended P-1 DEC 28 1979

1. PLACE OF BIRTH

County of Berkeley Co

Township of _____

or _____

Inc. Town of _____

or _____

City of Honykill S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 704 Registered No. 19

(For use of Local Registrar)

FILE No.—For State Registrar Only

46141

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child

Amie Loyal

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

3. ~~SEX~~ OR
GIRL4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? yes

7. DATE OF BIRTH

January 2 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL
NAMEArthur Loyal9. PRESENT
POSTOFFICE
OF FATHERHonykill S.C.10. COLOR
OR
RACEnegro11. AGE AT LAST
BIRTHDAY38
(Years)

12. BIRTHPLACE

Berkeley Co

13. OCCUPATION

Farmer20. Number of children born to
mother, including present birth4

MOTHER

14. NAME BEFORE
MARRIAGEHennie Jones15. PRESENT
POSTOFFICE
OF MOTHERHonykill S.C.16. COLOR
OR
RACEnegro17. AGE AT LAST
BIRTHDAY33
(Years)

18. BIRTHPLACE

Berkeley Co

19. OCCUPATION

housewife21. Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Born alive at 5 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Flora Meckinger

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given Name added from a supplemental report

26. Witness

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

27. Filed

9/3192428. E. F. Gurney

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. Report is required for stillbirths before the 28th week of pregnancy.MARGIN RESERVED FOR BINDING.
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.