

(1) PLACE OF BIRTH

County of AndersonTownship of Precht
OF
Inc. Town of Precht
OF
City of Precht

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
19764Registration District No. 13Registered No. 51
(For use of Local Registrar)

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

(2) Full Name of Child Melba B. McLoe If child is not yet named, make supplemental report as directed1. BOY OR GIRL Girl 2. Twin or Triplet No 3. Number in order of birth 1 4. Are Parents Married Yes 5. DATE OF BIRTH July 30, 1925
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME Frank McLoe7. PRESENT POSTOFFICE OF FATHER Precht8. COLOR OR RACE White 9. AGE AT LAST BIRTHDAY 30
(Year)10. BIRTHPLACE S.C.11. OCCUPATION Mill Worker12. Number of children born to mother, including present birth 14

MOTHER.

13. NAME BEFORE MARRIAGE Virginia May Grace14. PRESENT POSTOFFICE OF MOTHER Precht S.C.15. COLOR OR RACE White 16. AGE AT LAST BIRTHDAY 28
(Year)17. BIRTHPLACE Tenn.18. OCCUPATION Housewife19. Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) [Signature] (25) Address of Physician or Midwife Precht S.C.

Given name added from a supplemental report

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

(27) Date July 1, 1925 (28) Local Registrar [Signature]

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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