

(1) PLACE OF BIRTH

County of Calhoun  
 Township of St. Matthews  
 or  
 Inc. Town of St. Matthews  
 or  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**88615**

Registration District No. 872 Registered No. 56  
 (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 George William Loney

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

(3) BOY OR GIRL boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 23, 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Loney  
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
 (Years)  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION San mill Laborer  
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Henrietta Keith  
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (Years)  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Worm Laborer  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane X. Snipe  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. R. Able  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 1, 1917 (28) A. R. Able  
 Registrar 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.