

(1) PLACE OF BIRTH

County of Matheson
 Township of Committerville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

15932

Registration District No. 2301 Registered No. 27
 (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.)

(2) Full Name of Child Priscilla Lovey (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 27
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Barbara Lovey
 (9) PRESENT POSTOFFICE OF FATHER Committerville, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE Matheson Co. S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 3

MOTHER

(15) NAME BEFORE MARRIAGE Louisa Ford
 (16) PRESENT POSTOFFICE OF MOTHER Committerville, S.C.
 (17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 17
 (19) BIRTHPLACE Matheson Co. S.C.
 (20) OCCUPATION Housewife
 (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 born alive at H. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa Ford
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Committerville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) May 27 1927 Local Registrar

*When there was no attending physician or midwife, the birth should be reported to the Registrar, etc. should make this return. If a child breathes even once, it must not be reported as a stillbirth. The report is desired of stillbirths before the 4th day after the birth.