

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 In the 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 6.

(1) PLACE OF BIRTH

County of Clarendon  
 Township of Sammy Swamp  
 or  
 Inc. Town of.....  
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

887

Registration District No. 1215 Registered No. 7  
 (For use of Local Registrar)

(2) Full Name of Child Sadie E. Loden

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 6 1922  
 To be answered only in event of Twins or Triplets (Day of Month) (Day) (Year)

FATHER.

(8) FULL NAME.....  
 (9) PRESENT POSTOFFICE OF FATHER.....  
 (10) COLOR OR RACE..... (11) AGE AT LAST BIRTHDAY..... (Years)  
 (12) BIRTHPLACE.....  
 (13) OCCUPATION.....

MOTHER.

(14) NAME BEFORE MARRIAGE Eucinda Loden  
 (15) PRESENT POSTOFFICE OF MOTHER Payville S.C. R.R.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY..... (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House & Farm work

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Sadie at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Payville S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 10 1922 (28) C. S. Griffin 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.