

## (1) PLACE OF BIRTH

County of OceanaTownship of Hareessee

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

18383

Registration District No. 1602Registered No. 66  
(For use of Local Registrar)(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 Mary Alice Loelear If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl(4) Twin or Triplet? No  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? no(7) DATE OF BIRTH May 1st 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Loelear(9) PRESENT POSTOFFICE OF FATHER Jayettesville ne.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY .....  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Rattley(15) PRESENT POSTOFFICE OF MOTHER Little Rock Sc.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY .....  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Greeden

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness C. G. Greeden

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

(27) Date June 23 22(28) J. H. Hauer

Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.