

Form No. 1

## (1) PLACE OF BIRTH

County of LeeTownship of Mt. Clin.

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4471

Registration District No. 3004Registered No. 4

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Eva Loney

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

(3) BOY OR GIRL girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Feb 6, 1925  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Loney(9) PRESENT POSTOFFICE OF FATHER Clinch St(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 48  
(Year)(12) BIRTHPLACE Lee Co(13) OCCUPATION turning(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Lorina Loney(15) PRESENT POSTOFFICE OF MOTHER Clinch St(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 38  
(Year)(18) BIRTHPLACE Lee Co(19) OCCUPATION House Keeping(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 or stillborn at Lee Co, M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. E. McMichael(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Clinch St

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 16, 1925(28) Clinton Clinch  
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.

WRITE PLAINLY. WITH INK. INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No 1 like OTHER, No 2, etc., in question 3.

Bureau of Columbia, Columbia, S. C.