

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

42066

Registration District No. 1601

Registered No. 117

(For use of Local Registrar)

## (2) Full Name of Child

Alice Lovett

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

(3) BOY  
GIRL(4) Twin  
or triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE  
BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Lester Lovett

(9) PRESENT  
POSTOFFICE  
OF FATHER

Hamers S.C.

(10) COLOR  
OR  
RACE

White

(11) AGE AT LAST  
BIRTHDAY27  
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farming

(14) Number of children born to  
mother, including present birth

4

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Carrie Brill

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Hamers S.C.

(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY22  
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother  
now living, including present birth

13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

Annie O. Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Hamers S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

Dec 16 1917

(28)

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.

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