

## (1) PLACE OF BIRTH

County of Marion  
 Township of Reaves  
 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  
**35550**

Registration District No. 3705 Registered No. 91  
 (For use of Local Registrar)

St.; ..... Ward)  
 (No. ....  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Sex Male (7) DATE OF BIRTH July 14 1915  
 (Name of Month) (Day) (Year)

FATHER: Opheia Lokes MOTHER: Maggie Brown  
 (8) FULL NAME (14) NAME BEFORE MARRIAGE  
 (9) PRESENT POSTOFFICE OF FATHER Mullins (15) PRESENT POSTOFFICE OF MOTHER Mullins  
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 66 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 25  
 (Years) (Years)  
 (12) BIRTHPLACE Madison Co. N.C. (18) BIRTHPLACE Marion Co.  
 (13) OCCUPATION Farmer (19) OCCUPATION House & House 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 born alive at 3:45 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amy X. France (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mullins S.C.

Given name added from a supplemental report Opheia (26) Witness W. H. Schuffler  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct 13 1915 (28) W. H. Schuffler 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.

LOCAL REGISTRAR  
 REGISTRAR  
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