

10 PLACE OF BIRTH

County of Anderson
 Township of Irma Path

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

File No. For State Registrar Only
12837

Registration District No. 307 Registered No. 73
 (For use of Local Registrar)
 (No. of St. or Ward)
 City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3 Full Name of Child John Leslie Loeble If child is not yet named, make supplemental report as directed

4 SEX OF CHILD (1) Twin or triplet? (2) Number in order of birth (3) Are Parents Married? (4) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy 2 Yes 3 24 23

FATHER. (14) NAME BEFORE MARRIAGE David Loeble (15) PRESENT POSTOFFICE OF MOTHER Irma Path

5 FULL NAME William Loeble (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) 39

6 PRESENT POSTOFFICE OF FATHER Irma Path (18) BIRTHPLACE Spartanburg, S.C.

7 COLOR OR RACE White (19) OCCUPATION Domestic

8 BIRTHPLACE Anderson, S.C. (20) Number of children of this mother now living, including present birth 3

9 OCCUPATION Domestic (21) Number of children born to mother, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was Alive at 8:20 P.M. (Hour A. M. or P. M.)
 (Born alive or stillborn)
 on the date above stated.

(23) (Signature) W. H. Loeble (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Irma Path

When name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 1, 1923 (28) Jessie Williams 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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