

Form No. 1

(1) PLACE OF BIRTH *Kershaw*County of *Richland*Township of *N. Hattiesville*

OR

Inc. Town of

City of

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

(2) Full Name of Child *Ella Lillian Lovett* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>1</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>June 9, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Clarence Lovett*(9) PRESENT POSTOFFICE OF FATHER *Portia S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *35* (Years)(12) BIRTHPLACE *Portia S.C.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *Five*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lula Muddles*(15) PRESENT POSTOFFICE OF MOTHER *Portia S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *26* (Years)(18) BIRTHPLACE *Portia S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *Four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *11:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Cornelia Jacobs*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife *Portia S.C.*

Given name added from a supplemental report

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Registrar

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

(27) Filed *June 11, 1916* (28) *Mrs. E. L. Perry* 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 UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64954

Registered No. *98*
(For use of Local Registrar)Registration District No. *2704*