

MARGIN RESERVED FOR BINDING. 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.

State of Columbia.

(1) PLACE OF BIRTH County of <u>Marion</u> Township of <u>#1</u> or Inc. Town of or City of <u>Marion</u> (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 23305
(2) Full Name of Child <u>Allen L. Loe</u>		Registration District No. <u>3408</u> Registered No. <u>48</u> (For use of Local Registrar) St.; Ward) (No. <u>Lake and Mills</u>) If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 11 1922</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Allen L. Loe</u>		(14) NAME BEFORE MARRIAGE <u>Mary L. Loe</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Marion, S. C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Marion, S. C.</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>		(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Merchant</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:15 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Marion, S. C.

Given name added from a supplemental report 191....

..... Registrar

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

(27) Filed July 11 1922 (28) B. B. Cunningham 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.

*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.