

(1) PLACE OF BIRTH

County of CharlestonTownship of E. F. James SanteeInc. Town of St. Cuthbert

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6914

Registration District No. 906Registered No. 15
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Caroline Loyal

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Mar 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Loyal(9) PRESENT POSTOFFICE OF FATHER St. Cuthbert(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Berkley Co(13) OCCUPATION Day Labor(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Kilem(15) PRESENT POSTOFFICE OF MOTHER St. Cuthbert(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Charleston Co(19) OCCUPATION Day Labor(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 11 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Singleton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife St. Cuthbert

Given name added from a supplemental report

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

(27) Filed Mar 21 1922 (28) St. Cuthbert 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.