

(1) PLACE OF BIRTH

County of FlorenceTownship of Leeor
Inc. Town ofor
City of

(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

4141

Registration District No. 2008Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Ovie Marie Antwine

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

(1) SEX GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 21</u> 19 <u>22</u>
(Name of Month) (Day) (Year)				

FATHER.

(8) FULL NAME Louis Antwine(9) PRESENT POSTOFFICE OF FATHER Lake City(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Florence Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Blockley(15) PRESENT POSTOFFICE OF MOTHER Lake City(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Florence Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(22) (Signature) Jane F. Loyd Midwife(23) State whether, Physician or Midwife (24) Address of Physician or Midwife Lake City, SC

Given name added from a supplemental report

101....

Registrar

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

(26) Filed 7/10/22 (27) R. L. Carter 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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