

(1) PLACE OF BIRTH

County of Alberdale  
 Township of Sylamore  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

13485

Registration District No. 608

Registered No. 75  
 (For use of Local Registrar)

City of (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 Mary Barrens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH May 29, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Syrial Loachott  
 (9) PRESENT POSTOFFICE OF FATHER Farmington  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30  
(Years)  
 (12) BIRTHPLACE Hampton Co  
 (13) OCCUPATION Farming

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Belle Barrens  
 (15) PRESENT POSTOFFICE OF MOTHER Blaines  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28  
(Years)  
 (18) BIRTHPLACE Barrenwell Co  
 (19) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth: 1  
 (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 alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Clizer Loachott  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Blaines

Given name added from a supplemental report

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

(27) Filed June 2, 1922 (28) J. C. Meyer  
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.