

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.

(1) PLACE OF BIRTH

County of Ripley  
Township of Beach Island  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only

6271

Registration District No..... Registered No.....  
(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 Mary Pegman Loveland { 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 12 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. A. Loveland  
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga R 2 D 3  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22  
(Years)  
(12) BIRTHPLACE Pa  
(13) OCCUPATION Laborer  
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pegman  
(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 2 D 3  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23  
(Years)  
(18) BIRTHPLACE N.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. Flyman

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Arden P. C.

Given name added from a supplemental report

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

(27) Filed Mar 24 1922 (28) 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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