

Form No. 3

(1) PLACE OF BIRTH

County of Finney
 Township of Finney
 or
 Ex. Town of Finney
 or
 City of Finney

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8549

Registration District No. 40-A Registered No. 197
 (For use of Local Registrar)

(No. 213 West Evans St.; 2 Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

James Williams Loyless

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

SEX OR

4 Twin
 or Triplet

5) Number in
 order of birth ✓

6) Are
 Parents
 Married? yes

7) DATE OF

BIRTH June 17, 1924
 (Month) (Day) (Year)

FATHER.

8) FULL

Name Edward Barnwell Loyless

9) PRESENT

Postoffice Finney S.C.

10) COLOR

OR
 RACE White

(11) AGE AT LAST
 BIRTHDAY 37
 (Years)

12) BIRTHPLACE

White Hall S.C.

13) OCCUPATION

Traveling Salesman

14) Number of children born to
 mother including present birth Three

MOTHER.

(15) NAME BEFORE
 MARRIAGE Ollie Camelia Summerath

(16) PRESENT
 POSTOFFICE
 OF MOTHER Finney S.C.

(18) COLOR
 OR
 RACE White

(17) AGE AT LAST
 BIRTHDAY 32
 (Years)

18) BIRTHPLACE

Lancaster, S.C.

19) OCCUPATION

Domestic

20) Number of children of this mother
 now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21) I hereby certify that I attended the birth of this child, who was M. Allen at 9:45 AM
 in the data above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(22) (Signature) M. Allen

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added. Cross it supplement-
 tal report

(25) Witness

(Signature of Witness necessary only
 when question 24 is signed by parent)

(26) Filed

June 17, 1924 C. C. Graft W. W.
 Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return.
 If child is stillborn, even once, it must be reported as stillborn. No report is desired of stillbirths
 before the fifth month of pregnancy.