

N. E.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. (See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Orangeburg  
 Township of Orange  
 or  
 Inc. Town of Jamison  
 or  
 City of \_\_\_\_\_

Standard Certificate of Birth

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

FILE No. 22 049262

Registration District No. 3613 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 Melvin Lovan (If child is not yet named, make supplemental report as directed.)

3. Boy  Girl  If Plural Births  4. Twin, triplet or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents  8. Date of birth Feb. 22, 1922  
Boy 5. Number, in order of birth \_\_\_\_\_ Full term  Married?  (Month, day, year)

9. Full name Charles FATHER Lovan 18. Name before marriage Sarah MOTHER Lovan

10. Residence (mailing address) (If non-resident, give place and State) Jamison 19. Residence (mailing address) (If non-resident, give place and State) Jamison

11. Color or race Col 12. Age at last birthday 47 (Years) 20. Color or race Col 21. Age at last birthday 37 (Years)

13. Birthplace (city or place) (State or country) Orangeburg County 22. Birthplace (city or place) (State or country) Orangeburg County

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, _____
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead 4 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ (Before labor. \_\_\_\_\_ During labor. \_\_\_\_\_)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated. (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date. (Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_ (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) \_\_\_\_\_, M.D.

or Mary Jatin, Midwife.

Address \_\_\_\_\_

Filed March 9, 1925 L.A. Riser, M.D.

Registrar.

Registrar. p