

N. H.—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.
Not (page 2-23-11)

(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

Registration District No. 3613

FILE No.

22 049262

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 Loran

(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

19 22

5. Number, in order of birth _____

Full term _____

Married? Yes

(Month, day, year)

9. Full name

FATHER

Charley Loran

18. Name before marriage

MOTHER

Sarah Loran

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 57 (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.

farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home,

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

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.)

Given name added from _____

a supplementary report _____

(Date of)

(Signed) _____, M.D.

or _____, Midwife.

Address _____

Filed March 9 1945 L.A. Riser M.D.

Registrar.

Registrar.