

10 PLACE OF BIRTH

County of Savannah

Township of Savannah

or
In. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12922

Registration District No. 400

Registered No. 74

(For use of Local Registrar)

2 Full Name of Child Samm Steen Loya

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

3 BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH 1/14/23

(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Henry Loya

9 PRESENT POSTOFFICE OF FATHER Philadelphia Pa

10 COLOR OR RACE C

(11) AGE AT LAST BIRTHDAY 37

(Years)

(12) BIRTHPLACE La

(13) OCCUPATION None Known

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Robinson

(15) PRESENT POSTOFFICE OF MOTHER Philadelphia Pa

(16) COLOR OR RACE C

(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Baltimore

(19) OCCUPATION None Known

(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 at 10 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Philadelphia Pa

26 Name added from a supplemental report

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

(27) Filed 1/14/23 (28) [Signature] Local Registrar

29 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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