

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Campobello
 or
 Loc. 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

16695

Registration District No.

Registered No. 51
(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

Toy Lousby

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

Twins

(5) Number in order of birth

2nd

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Lousby

(9) PRESENT POSTOFFICE OF FATHER

Campobello S.C. #3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

49
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Edna Serratto

(15) PRESENT POSTOFFICE OF MOTHER

Campobello S.C. #3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. B. Morrow

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Campobello S.C.

Given name added from a supplemental report:

(26) Witness

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

(27) Filed

5-14

19

(28)

E. L. Maybin

Local Registrar

19

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.

(27) Filed

19

(28)

Ann J. Bishop

Local Registrar

19

Registrar

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