

(1) PLACE OF BIRTH

County of

Anderson

Township of

or

Inc. Town of

Bellton

or

City of

(No. *1* *East* St.; *4* Ward)

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

(2) Full Name of Child

Milton Looney

File No.—For State Registrar Only

47852

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *300*Registered No. *13*

(For use of Local Registrar)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are *yes* Parents Married?

(7) DATE OF BIRTH

Feb. 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter H. Looney

(9) PRESENT POSTOFFICE OF FATHER

Bellton, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

39
(Years)

(12) BIRTHPLACE

St. Clair Co., Ala.

(13) OCCUPATION

Spec. Hand Cotton Mill

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Paulbright

(15) PRESENT POSTOFFICE OF MOTHER

Bellton S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Lexington Co., S.C.

(19) OCCUPATION

Housewife

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1:00 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mrs. V. H. Looney

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Bellton, S.C.*

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Feb. 7, 1916

(28)

Local 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.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia.