

(1) PLACE OF BIRTH

County of Clarendon  
Township of Mt. Zion  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**31779**

Registration District No. 1817 Registered No. 24  
(For use of Local Registrar)

City of ..... (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 Lorey Linaeatha If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet  
(5) Number in order of birth  
(6) Are Parents Married no (7) DATE OF BIRTH Sept 30 1939  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Gaston McFolton  
(9) PRESENT POSTOFFICE OF FATHER Manning SC  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25 (Year)  
(12) BIRTHPLACE Clarendon Co  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 1 one

MOTHER.  
(14) NAME BEFORE MARRIAGE Monie Black  
(15) PRESENT POSTOFFICE OF MOTHER Manning  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 17 (Year)  
(18) BIRTHPLACE Clarendon Co  
(19) OCCUPATION  
(21) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Lorey Linaeatha at 2 a.m.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife (25) Address of Physician or Midwife Manning SC  
(24) State whether Physician or Midwife Lorey Boydon

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by MAFB)  
(27) Filed Sept 30 1939 (28) V. L. Shatt 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.