

Form No. 1

(1) PLACE OF BIRTH

County of Flower SCTownship of FlowerInc. Town of FlowerCity of Flower

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

(2) Full Name of Child John Henry Loggins(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 22

(Name of Month) (Day) (Year)

(8) FULL NAME John Henry Loggins(9) PRESENT POSTOFFICE OF FATHER Flower SC(10) COLOR OR RACE W(12) BIRTHPLACE SC(13) OCCUPATION Painter(20) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:00 A.M. on the date above stated.(23) (Signature) Robert Howell(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Flower SCGiven name added from a supplemental report No(26) Witness P.H. Buchan

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

(27) Filed 10-8-22

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34340

Registration District No. 207Registered No. 327
(For use of Local Registrar)(No. 1001 St. 1001 Ward 1001)

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

MARGIN RESERVED FOR BINDING.

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 OTHER, No. 2, etc., in question 5.

Revised for Columbia, California, S. C.