

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor  
Inc. Town of Paris

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18906

Registration District No. 2214Registered No. 36

(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

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 10 1892</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Thomas Loper</u>			(14) NAME BEFORE MARRIAGE <u>Marie Sophronie Bate</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rt 4 Travellers Rest SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Do</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OF RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)	
(12) BIRTHPLACE <u>Greenville SC</u>			(18) BIRTHPLACE <u>Greenville SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 3</u>			(21) Number of children of this mother now living, including present birth <u>1 2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born alive... at... 6 P... M., on the date above stated. (Born alive or stillborn/ (Hour A. M. or P. M.))(23) (Signature) Chas P Benson  
(24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife Rt 3 Travellers Rest SC

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 10 1892 (28) John P. Hester 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.

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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.

McGraw-Hill, G. C.

McGraw-Hill