

Form No 1.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Greenville
or
Inc. 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

58811

Registration District No. 1005 Registered No. 6
(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 Lulu Anglin { If child is not yet named, make supplemental report as directed }

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Y (7) DATE OF BIRTH July 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James H. Loober

(9) PRESENT POSTOFFICE OF FATHER Haskellville

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 53 (Years)

(12) BIRTHPLACE Spartanburg County

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth { 5 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy M. Hall

(15) PRESENT POSTOFFICE OF MOTHER Haskellville

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Spartanburg County

(19) OCCUPATION _____

(21) Number of children of this mother now living, including present birth { 5 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. L. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

1914

Registrar

(26) Witness E. C. ...
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 1914 (28) E. C. ... 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 BINDING.

WRITE PLAINLY WHEN FILLING IN THIS IN A PERMANENT RECORD.

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.

State of Columbia.