

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only.

74702

Registration District No. 40-C

Registered No. 153
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

{ 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? 3

(7) DATE OF BIRTH

Aug 9 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Gus Loftis

(9) PRESENT POSTOFFICE OF FATHER

Inman SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Greenville Co SC

(13) OCCUPATION

Farmer

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie A Pike

(15) PRESENT POSTOFFICE OF MOTHER

Inman SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

Polk Co NC

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

W. J. Chapman

(24) State whether Physician or Midwife

Inman SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 31 1916

(28)

E. A. Capers
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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