

Form No. 1

## (1) PLACE OF BIRTH

County of Porter  
 Township of Beech Spring  
 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

521

Registration District No. 400Registered No. 44  
(For use of Local Registrar)

(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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(3) Number in order of birth <u>1</u>	(5) Are Parents Married? <u>Yes</u>	(6) DATE OF BIRTH <u>Feb 4, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. L. Loftis</u>			(14) NAME BEFORE MARRIAGE <u>Elly Burnett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)	
(12) BIRTHPLACE <u>Summerville S.C.</u>			(18) BIRTHPLACE <u>Rock Hill S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>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 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. L. Loftis(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 5, 1923

(28)

19  
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

REMARKS: THIS CERTIFICATE MUST BE FILED IN A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD. USE BACK OF FIRST-BORN, No. 1, FOR OTHERS, No. 2, etc. IN QUESTION 2.

MADE IN COLUMBIA, COLUMBIA, S. C.