(1) PLACE OF BIRTH

County of Spartanburg

Township of Pacolet

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
22625

Registration District No. 4006 Registered No. 77
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child Ellis Estelle Loftis (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? yes (7) DATE OF BIRTH 7-12-1923 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Earl Loftis	(14) NAME BEFORE MARRIAGE: Minnie Blanton
(9) PRESENT POSTOFFICE OF FATHER: Trough S.C.	(15) PRESENT POSTOFFICE OF MOTHER: Trough S.C.
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 27 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 33 (Years)
(12) BIRTHPLACE: S.C.	(18) BIRTHPLACE: S.C.
(13) OCCUPATION: Operative	(19) OCCUPATION: Housewife
(20) Number of children born to mother, including present birth: 5	(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 (Born alive or stillborn) at 10 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. L. Kirkpatrick

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pacolet S.C. M.D.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 8-10 1923 (28) M. (?) Brown
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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