

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Spencer</i>		STATE OF SOUTH CAROLINA		26158-a	
Township of <i>Windsor</i>		Division of Vital Statistics			
Inc. Town of <i>Windsor</i>		Registration District No. <i>40-a</i>		Registered No. <i>333</i>	
City of <i>Windsor</i>		St. <i>Windsor</i>		(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 <i>Logan</i>		If child is not yet named, make supplemental report as directed			
(3) SEX OF CHILD <i>Male</i>	(4) Type or Breed <i>White</i>	(5) Number in order of birth <i>1</i>	(6) Date of birth <i>July 11, 1923</i>	(7) Name of child (if different from above) <i>Logan</i>	
FATHER			MOTHER		
(8) FULL NAME <i>Wm. C. Loggins</i>	(9) NAME BEFORE MARRIAGE <i>Lillian McHenry</i>	(10) PRESENT RESIDENCE OF FATHER <i>Spky St</i>	(11) PRESENT RESIDENCE OF MOTHER <i>Spky St</i>	(12) COLOR OR RACE <i>W</i>	(13) AGE AT LAST BIRTHDAY <i>19</i>
(14) BIRTHPLACE <i>Clyde W.C.</i>	(15) OCCUPATION <i>Iron Br.</i>	(16) BIRTHPLACE <i>Tennessee</i>	(17) OCCUPATION <i>Domestic</i>	(18) Number of children born to father, including present birth <i>1</i>	(19) Number of children of this mother now living, including present birth <i>1</i>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(20) I hereby certify that I attended the birth of this child, who was <i>9 P.M.</i> on the date above stated.					
(21) (Signature) <i>Wm. C. Loggins</i>		(22) State whether Physician or Midwife <i>Physician</i>		(23) Address of Physician or Midwife <i>Spky St</i>	
Given name added from a supplemental report		(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19 <i>1923</i> Registrar		(25) Filed <i>9-1-23</i> <i>Joe Copes</i> Local Registrar			
*When there was no attending physician or midwife, then the father, householder, or other person 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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