

FORM NO. 2.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of York

STATE OF SOUTH CAROLINA.

Township of Carolet

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44662

Inc. Town of

Registration District No. 4006

Registered No. 138

or

(For use of Local Registrar)

City of

(No. of institution, give name of same instead of street and number.)

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

(2) Full Name of Child Casper E. Loftis

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

DEC. 2, 1915

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER S. Earle Loftis

(14) NAME BEFORE MARRIAGE

MOTHER Minnie L. 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

20 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23 (Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Mill Oper.

(19) OCCUPATION

Housewife.

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. L. Kirkpatrick

(24) Whether Physician or Midwife (25) Address of Physician or Midwife

Physician Carolet, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 2, 1915 M. W. Brown

Local Registrar

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia

*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.