

FORM NO. 2.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

Township of

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44662

or

Inc. Town of

Registration District No. 4006

Registered No. 138

or

City of

(No.

(For use of Local Registrar)

St.;

(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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

DEC. 2, 1915

(Name of Month) (Day) (Year)

(8) FULL NAME

S. Earle Loftis

FATHER

(14) NAME BEFORE MARRIAGE

Minnie L. Blanton

MOTHER

(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

Miller

(19) OCCUPATION

Housewife

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

2

(21) Number of children of this mother now 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) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Pacolet, S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Dec 3rd 1915

(28)

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH 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.

McGraw, of Columbia