

Form No. 1

(1) PLACE OF BIRTH

County of Greenville

Township of Grove

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46493

Registration District No. 2210 Registered No. 8

(For use of Local Registrar)

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

(2) Full Name of Child Chester Wyatt Loftis } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 27 1916</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME David Loftis

(14) NAME BEFORE MARRIAGE Minnie Lancaster

(9) PRESENT POSTOFFICE OF FATHER #3 Piedmont

(15) PRESENT POSTOFFICE OF MOTHER #2 Piedmont

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Greenville Co

(18) BIRTHPLACE Greenville Co

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Loftis (Mamie)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Mid wife | #3 Piedmont

Given name added from a supplemental report

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

(27) Filed Jan 29 1916 (28) S.A. Mims 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

McCaw, of Columbia.