

MARGIN RESERVED FOR FILING.
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 1.

(1) PLACE OF BIRTH

County of Anderson
Township of Bendway
OF
Inc. Town of.....
OF
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
5808

Registration District No. 311 Registered No. 5
(For use of Local Registrar)
(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

Lyda May Loftis

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

3) BOY OR GIRL Boy 4) Twin or Triplet 1 5) Number in order of birth 6 6) Age Parents Married Yes 7) DATE OF BIRTH Mar 9, 23
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Groves & Loftis
9) PRESENT POSTOFFICE OF FATHER Bellton S.C. R#2
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 34
(Years)
12) BIRTHPLACE S.C.
13) OCCUPATION Farmer
14) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Lola L Martin
15) PRESENT POSTOFFICE OF MOTHER Bellton S.C. R#2
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 28
(Years)
18) BIRTHPLACE S.C.
19) OCCUPATION House wife
20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed April 10, 23 (28) W. L. Campbell 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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