

(1) PLACE OF BIRTH

County of Greenville
Township of Chickadee

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

401

In Town of

Registration District No. 2204Registered No. 18

(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 Geo. William Loftis

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

(3) BOY OR GIRL

(4) Twin or triplet?

(5) Number in order of birth

(6) No. of Parents Married

(7) DATE OF BIRTH Feb 11 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Loftis

(9) PRESENT POSTOFFICE OF FATHER

Taylor R-1

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE

Sub County S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Kate Mince

(15) PRESENT POSTOFFICE OF MOTHER

Taylor R-1

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE

Sub County S.C.

(19) OCCUPATION

Domestic(20) Number of children of this mother now living, including present birth 2(21) Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. H. M. Mince

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Taylor 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 Mar 1 1923

(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.