

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Shiloh*

or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44817

Registration District No. *4107* Registered No. *1124*
(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. *Shadon Rivers Loekclair* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *12 8 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *J. R. Loekclair*

(9) PRESENT POSTOFFICE OF FATHER *Mattstbridge SC*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39*
(Years)

(12) BIRTHPLACE *number 20 Hill*

(13) OCCUPATION *Farming*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Dickson*

(15) PRESENT POSTOFFICE OF MOTHER *Mattstbridge SC*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25*
(Years)

(18) BIRTHPLACE *Flornice Co SC*

(19) OCCUPATION *Housework*

(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 *4* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Martha Wilson*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Mattstbridge SC*

Given name added from a supplemental report

(26) Witness *W. Wilson*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled *12-15* 191*5* (28) *S. B. McQueen*
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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Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINS. WITH LEADING INK—THIS IS A PERMANENT RECORD. N. C.—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 3. McCaw, of Columbia

W. H. McCaw