

(1) PLACE OF BIRTH

County of *Spokane*  
Township of *Spokane*  
or  
Inc. Town of  
or  
City of *Coumerville*

### CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**91914**

Registration District No. *4608* Registered No. *778*  
(For use of Local Registrar)

(2) Full Name of Child *Baby* *Loggins* St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? *B* (4) Twin or Triplet? *1* (5) Number in order of birth *1* (6) Are Father and Mother married? *Yes* (7) DATE OF BIRTH *24* *6*  
To be answered only in event of 1 was a triplet (Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER *Charles Loggins*

(14) NAME BEFORE MARRIAGE *Gene M. Keady*

(9) PRESENT POSTOFFICE OF FATHER *Coumerville SC*

(15) PRESENT POSTOFFICE OF MOTHER *Coumerville SC*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *28* (Years)

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *20* (Years)

(12) BIRTHPLACE *Solar*

(18) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *House work*

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was *born* at *145 A* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Given name added from a supplemental report  
191  
Registrar

(23) (Signature) *Wanda Loggins*  
(24) State where Physician or Midwife *Physician* (25) Address of Physician or Midwife *Coumerville SC*  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filled *Dec 28 1916* (28) *E. J. Proctor* Local Registrar

FORM NO. 1, THIS OFFICE, NO. 2, ETC., IN QUESTION 8

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.