

MARGIN RESERVED FOR BINDING.
WHITE PLAINS, N. Y.—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 5.

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of Spartenburg.

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

File No.—For State Registrar Only
23802

Registration District No. 40-A Registered No. 307.....
(For use of Local Registrar)
(No. Spartenburg Hospital.....Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lofer If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>BOY</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 14 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME M. H. Lofer
9) PRESENT POSTOFFICE OF FATHER Spartenburg
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31.....
(Years)
12) BIRTHPLACE S.C.
13) OCCUPATION Real estate dealer
20) Number of children born to mother, including present birth Two (2)

MOTHER.

14) NAME BEFORE MARRIAGE Alice Riddle
15) PRESENT POSTOFFICE OF MOTHER Spartenburg S.C.
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31.....
(Years)
18) BIRTHPLACE S.C.
19) OCCUPATION Home
21) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. R. Boyd
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartenburg 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 8-14-1922 (28) Gas Copes 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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