

16 092944

FILE No.—For State Registrar Only  
03842

## 1. PLACE OF BIRTH

County of Ballendale STATE OF SOUTH CAROLINABureau of Vital Statistics  
State Board of HealthRegistration District No. 4600

Township of .....

or  
Inc. Town of .....

City of .....

(No. .... St.; .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)Registered No. ....  
(For use of Local Registrar)

Ward

## 2. FULL NAME OF CHILD

Thelma Lofton3. Boy or GirlIf Plural  
births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of birth Nov 3019 16

5. Number, in order of birth.....

Full term. XMarried? yes

(Month, day, year)

9. Full  
name

FATHER

Charles Lofton10. Residence (mailing address)  
(If non-resident, give place and State).....Allendale S.C.18. Name before  
marriage

MOTHER

Estill Wilkerson19. Residence (mailing address)  
(If non-resident, give place and State).....Allendale S.C.11. Color race.....12. Age at child's birth 2 4 (years)20. Color race.....21. Age at child's birth 22 (years)13. Birthplace (city or place)  
(State or country).....Hampton Co. S.C.22. Birthplace (city or place)  
(State or country).....Allendale, Co. S.C.14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.....Farmer15. Industry or business in which  
work done, as silk mill,  
sawmill, bank, etc.....16. Date (month and year last)  
engaged in this work17. Total time (years)  
spent in this work23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc.....farm laborer24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.....25. Date (month and year) last  
engaged in this work26. Total time (years)  
spent in this work27. Number of children of this mother  
(At time of birth and including this child)two

(a) Born alive and now living.....

yes

(b) Born alive but now dead.....

(c) Stillborn.....

28. If stillborn,

period of gestation.....

months  
weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was ..... at ..... on the date above stated.  
(Born alive or stillborn) yes(When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.)(Signed) Estill Lofton, Parent

or ..... Guardian

Given name added from  
a supplementary report.....

(Date of)

Address.....

Filed June 12, 1942 m. B. Woodward  
Registrar.

Regist

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)