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FILE No.—For State Registrar Only

03842

1. PLACE OF BIRTH

County of Allendale STATE OF SOUTH CAROLINA

Township of

or
Inc. Town ofor
City ofBureau of Vital Statistics
State Board of Health
Registration District No. 4600Registered No.
(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 Thelma Lofton (If child is not yet named, make supplemental report as directed.)3. Boy or Girl If Plural births 4. Twins, triplets or other 6. Premature 7. Are Parents Married? yes 8. Date of birth Nov 30 19 16
Full term X (Month, day, year)9. Full name Charles Lofton FATHER 18. Name before marriage Estill Wilkerson MOTHER10. Residence (mailing address) Allendale S.C. 19. Residence (mailing address) Allendale S.C.
(If non-resident, give place and State)11. Color white 12. Age at child's birth 24 (years) 20. Color white 21. Age at child's birth 22 (years)13. Birthplace (city or place) Hampton Co. S.C. 22. Birthplace (city or place) Allendale, S.C.
(State or country) (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Farm laborer

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year last) engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) two (a) Born alive and now living two (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)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from
a supplementary report (Date of)(Signed) Estill Lofton Parent
or GuardianAddress
Filed June 12, 1942 M. B. Woodward
Registrar

Registrar

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)