

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Register Only

485

County of Charleston

City of

Registration District No.

Registration District No.

Registered No.

City of Charleston, S.C.

(No. Mary Malin)

(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(1) Full Name of Child. Joseph

If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD Male

(3) Type or Triplet? X

(4) Number in order of birth X

(5) Are Parents Married? Yes

(6) DATE OF BIRTH Jan 18 1928

FATHER

MOTHER

(7) FULL NAME John Friedrich Loacher

(8) NAME BEFORE MARRIAGE Esther Clara Kauger

(9) RESIDENT ADDRESS OF FATHER 171 Spring St. Charleston, S.C.

(10) RESIDENT ADDRESS OF MOTHER 171 Spring St. Charleston, S.C.

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 28 (Years)

(13) COLOR OR RACE White (14) AGE AT LAST BIRTHDAY 29 (Years)

(15) BIRTHPLACE Charleston, S.C.

(16) BIRTHPLACE Charleston, S.C.

(17) OCCUPATION Business

(18) OCCUPATION Wife

(19) Number of children born to mother, including present birth Five

(20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at the date above stated. (Born alive or stillborn)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 1/25 1928

(27) J. M. Harris 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.