

(1) PLACE OF BIRTH

County of Spokane
 Township of Pacolet
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

526

Registration District No. 4006Registered No. 20
(For use of Local Registrar)

City of (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 Carl Wilson Loftis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2 24 53
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mrs. M. Loftis(9) PRESENT POSTOFFICE OF FATHER Trough S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Mill Operator(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mauds Ianthra(15) PRESENT POSTOFFICE OF MOTHER Trough S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alise at 2 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. L. Kirkpatrick(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Pacolet S.C.

Give name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3-1-53 (28) M. W. Brown
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 stillborns before the fifth month of pregnancy.