

FORM NO. 5  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw of Columbia.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Oneal  
 or  
 Inc. Town of ..... Registration District No. 2113 Registered No. 87  
 or  
 City of ..... (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**85879**

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 11/4</u> 191 <u>6</u> (Name of Month) (Day) (Year)
--------------------------------	--	------------------------------	--	---

FATHER.		MOTHER.	
(8) FULL NAME <u>J. R. Loftis</u>	(14) NAME BEFORE MARRIAGE <u>Elia Taylor</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville Post SC R#2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville Post SC R#2</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>Greenville Co. SC.</u>	(18) BIRTHPLACE <u>Greenville Co. SC.</u>	(13) OCCUPATION <u>Farmwork</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Female at 1250 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. R. R. R.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville SC R#2

Given name added from a supplemental report  
May 15, 1917  
C. W. R. R.  
 Registrar

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

(27) Filed Dec 1, 1916 (28) Albert W. R. R.  
 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.

\*a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.