George Carl Loven and Cordie Phillips Loven

George Carl Loven, the eldest of 10 children, was born in Burke County, North Carolina in 1891. At the age of 15 he began to work with his father to build a road from Morganton to Linville Falls. A few years later his family moved to Spruce Pine and it was there he met Cordie.

In 1892, Cordie Lucretia Phillips was born Mitchell County, the eldest of nine children. After completing high school in Bakersville she taught in a one room school house at Ledger, N.C. Later she moved to Spruce Pine where she worked at the Spruce Pine General Store for several years.

One night Carl went to the Spruce Pine Fair and saw Cordie who was singing with a church quartet. He asked a friend who this “pretty little woman” was and managed to meet her in the weeks following the fair. They “courted” for a couple of years before he was drafted into the Army Infantry soon after the United States entered the First World War. After his training he was sent to Belgium and France.

Carl was a corporal when he was deployed to France and Belgium. His unit was sent to the battle on the Hendenburg Line in Belgium. He was severely wounded in the leg and knee and sent to a hospital in England for treatment.

After he returned to America he went back to Mitchel County to find Cordie with whom he had corresponded during his time in the Army. In 1920 he and Cordie were married in the Phillips home in Ledger. They settled in Spruce Pine.

They rented a house for a couple years. They made the decision to build a large enough home that they could have a boarding house as a business early 1920s - car business - furniture store in 1938 - 1945 - 1938 - furniture stores 1945 and deliver coal - coal came - sold to them.
source of income. Carl had knowledge and experience in construction and Cordie was an excellent cook, having helped her mother in the kitchen at Ledger. They worked together to have a prosperous life. Their first daughter was Marjorie who was eleven years old when another daughter, Evelyn was born.

For the rest of Carl’s life, he had serious arthritis in the leg and knee where he was wounded. When he needed medical treatment he always went to the Oteen Veterans Hospital near Asheville. In 1968, he was admitted to the Oteen Hospital and while there he died on February 28, 1968. Cordie pre-deceased him in 1963.

Oct. 2, 1917 - Feb. 26, 1919
Oct. 1919 - discharged
Dec. 20, 1920
Chair, Rationing Board WWII 1945
Mayor, 1946 - 1949
School Board -
Never hunted game
Never fired jive

1891 17 1917 9
4 26
## STATE BOARD OF HEALTH
### OFFICE OF VITAL STATISTICS

### DELAYED CERTIFICATE OF BIRTH

**STATE OF NORTH CAROLINA**

**STATE BOARD OF HEALTH**

**OFFICE OF VITAL STATISTICS**

**NAME AT BIRTH**

**GEOGR GEORGE CARL LOVEN**

**FIRST NAME**

**GEORGE**

**MIDDLE NAME**

**CARL**

**LAST NAME**

**LOVEN**

**DATE OF BIRTH**

**APRIL 29, 1891**

**SEX**

**M**

**PLACE OF BIRTH**

**JOY, N.C.**

**COUNTY**

**BURKE**

**FATHER**

**FULL NAME**

**CHARLES H. LOVEN**

**MOTHER**

**MAIDEN NAME**

**CARRIE ADAMS**

**COLOR OR RACE**

**WHITE**

**BIRTHPLACE**

**JOY, N.C.**

**COLOR OR RACE**

**WHITE**

**BIRTHPLACE**

**JOY, N.C.**

---

**NOTE:**

Register complete and sign both copies.

This is a permanent legal record. Use typewriter or write plainly with unfading ink.

*State Relationship to Registrant.*

---

I hereby declare under oath that the above statements are true to the best of my knowledge.

**SIGNATURE OF REGISTRANT OR REPRESENTATIVE:**

---

**PART I**

**ABSTRACT OF SUPPORTING EVIDENCE**

| 1 | Family Bible record now in possession of Carl Loven, of Marion, N.C. | Dec. 29, 1920 |
| 3 | USA Discharge #1315662 issued to Geo. Carl Loven, recorded in Reg. of Deeds office, Mitchell County, N.C. | |

---

**INFORMATION CONCERNING REGISTRANT AS STATED IN RECORDS LISTED ABOVE**

<table>
<thead>
<tr>
<th>BIRTHDATE OR AGE</th>
<th>PLACE OF BIRTH</th>
<th>NAME OF FATHER</th>
<th>MAIDEN NAME OF MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 29, 1891</td>
<td>BURKE, N.C.</td>
<td>CHARLES H. LOVEN</td>
<td>CARRIE ADAMS</td>
</tr>
<tr>
<td>26 yrs old</td>
<td>N.C.</td>
<td>CHARLES H. LOVEN</td>
<td>CARRIE ADAMS</td>
</tr>
</tbody>
</table>

---

**ATTENDANT AT BIRTH:**

George Carl Loven entered the Army Oct. 2, 1917 and was discharged Feb. 26, 1919.

---

**FORM VS-60**

**DATE FILED:**

JAN. 15, 1960
COUNTY OF Mitchell, STATE OF NORTH CAROLINA
DELAYED CERTIFICATE OF BIRTH REGISTRATION

Name at Birth      Cordia Lucretia Phillips  Born Nov. 15, 1893
Sex              Female  Birthplace Spruce Pine, N. C.  County Mitchell
(City or Town)
Attendant at Birth          Address

FATHER
Full Name William D. Phillips
Color White  Birth Year
Birthplace North Carolina

MOTHER
Full Maiden Name Betty Young
Color White  Birth Year
Birthplace North Carolina

ABSTRACT OF EVIDENCE:
Affidavit
Family Bible
Marriage record

I certify that the evidence described in the above abstract was examined by me or by my agent; and that to the best of my knowledge and belief, such evidence complies with the requirements of the North Carolina State Board of Health for the registration of birth.

Date Jan. 12, 1960    Bill Masters  Register of Deeds.

I certify that a search has revealed no prior birth certificate in the Bureau of Vital Statistics for the above-named person.


CERTIFICATE OF CERTIFICATION
NORTH CAROLINA, Mitchell County.

To Whom It May Concern:

This is to certify, that the foregoing Certificate of Birth is a true and correct copy of the same as recorded in the office of the Register of Deeds for Mitchell County, North Carolina.

Witness my hand and official seal, this 22 day of Jan., 1960.

Register of Deeds Mitchell County, N. C.
**REPORT OF DISABILITY MAN TO SEPARATION FROM DISCHARGE IN THE UNITED STATES ARMY**

- **Date:** Feb. 24th, 1919
- **Location:** Camp 33, G.F. Corps, D.C.A.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q. Have you any reason to believe that at this present time you are suffering from any wound, disease, or disability which, in any way, affects your efficiency or your service?</td>
<td>Yes</td>
</tr>
<tr>
<td>Q. When was the disability incurred?</td>
<td>Sept. 29th, 1918</td>
</tr>
<tr>
<td>Q. Where was the disability incurred?</td>
<td>Cambria</td>
</tr>
<tr>
<td>Q. State the circumstances under which the disability was incurred.</td>
<td>In action</td>
</tr>
</tbody>
</table>

**DECLARATION OF SOLDIER**

I declare that the foregoing statement and my answers thereto have been read over to me and that I fully understand the questions, and that my replies are true in every respect and are correctly recorded.

**Witness:**

**Signature:**

**Date:** Feb. 24th, 1919

**Form No.:** 1315-3

**Serial No.:** 15662

**Rank:** Enlisted Man

**Agency:** Rep. of Physical Examination of Enlisted Man Prior to Separation from Service in the United States Army

**Name:** [Redacted]

**Address:** [Redacted]
CERTIFICATE OF IMMEDIATE COMMANDING OFFICER

I CERTIFY THAT:...

Aside from his own statement I do not know, nor have I any reason to believe, that the soldier who made and signed the foregoing declaration has a wound, injury, or disease at the present time, whether or not incurred in the military service of the United States.

* The soldier who made and signed the foregoing declaration has a wound, injury, or disease, which was incurred about Sept. 29, 1945, at Cambria, France.

The nature and location of the wound, fracture left thigh, so far as known, are:

The circumstances under which incurred were:

In my opinion the wound, injury, or disease (if any) originated in the line of duty in the military service of the United States.

Remarks

(Place and date)

U.S. Army Base Hospital
Camp Greene, N.C., Feb. 24th...

* Strike out the part of the certificate not applicable to the case.

+ Strike out words not applicable.

(Place and date)
**CERTIFICATE OF EXAMINING SURGEON**

I CERTIFY THAT:

The soldier named above has this date been given a careful physical examination, and it is found that

"He is physically and mentally sound."

"He is physically and mentally sound, with the following exceptions:

(Describe the nature and location of the defect, wound, injury, or disease.)

**Scraped wound of left thigh. Operative of wound inner side of left thigh. Fracture of left femur. Atrophy of left thigh**

<table>
<thead>
<tr>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

The wound, injury, or disease has not so nearly to result in death or disability.

In my opinion the wound, injury, or disease did not originate in the line of duty in the military service of the United States.

In view of occupation he is 30 per cent disabled.

<table>
<thead>
<tr>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**[Signature]**

Major M. O.

M. C., U. S. Army

Camp Greene, N. C. FEB 24 1914

*Strike out the part of the certificate not applicable to the case.*

**(3)**
REPORT OF BOARD OF REVIEW

From a careful consideration of the case and a critical examination of the soldier,

WE FIND:

If the injury or disease is not likely to result in death or disability.

In our opinion the wound, injury, or disease did originate in the line of duty in the service of the United States.

In view of occupation, he is __________ per cent disabled.

* Strike off the part of the certificate not applicable to the case.
† Strike out words not applicable.

INSTRUCTIONS.

1. This report will be made on a case soldier, immediately preceding separation from service in the United States Army.
2. If the declaration of the soldier and the certificate of the examining surgeon do not agree, the case will be referred to a board of review, to consist of not less than two medical officers convened at the camp, post, or regimental commander, which will complete the certificate on page 4 of this form.
3. When completed, the report will be transmitted, with the service record of the soldier, to the Adjutant General of the Army in compliance with instructions heretofore issued.
APPLICATION OF PERSON DISABLED IN THE SERVICE

READ WITH GREAT CARE

You must furnish the information called for in this application, and support your answers with proof called for in these instructions, as part of your claim under the act of Congress of October 6, 1917. Every question herein must be answered fully and clearly. Answers and affidavits should be written in clear, readable hand, or typewritten, and if you do not know the answer to a question, say so.

1. Kindly forward with the application your certificate of discharge from the service. A copy will be made at this office and the original will be returned to you. If at the time of your discharge or resignation you obtained from the Director of the Bureau of War Risk Insurance a certificate that you were then suffering from injury likely to result in death or disability, the original or a certified copy of such certificate of disability should be forwarded with this application as part of your claim.

2. You should also include a report by your attending or examining physician on the enclosed physician's report blank. If you are receiving treatment in any hospital, sanitarium, or similar institution, you may submit the hospital report or record of your case, showing your physical condition, the origin, nature, and extent of your disability, and the probable duration of such disability.

3. If you have a wife or children, the fact that your wife and children are living must be shown by the affidavit of two persons, who should also state whether you and your wife and children are living together or apart, and whether or not you are divorced.

4. Your marriage must be proven by a certified copy of the public or church record, or if this is not obtainable, by the affidavit of the clergyman or magistrate who officiated, or by the affidavits of two eye-witnesses to the ceremony, or of two persons who have personal knowledge of your marriage. If either party was divorced from a former wife or husband, that fact should be shown by a verified copy of the court order or decree of divorce.

5. Ages of children must be shown by a certified copy of the public record of birth, or the church record of baptism, or if these are not obtainable, by the affidavits of two persons, giving the name of the child, the date and place of birth, and the names of both parents.

6. If claim is made on account of a stepchild, it must be shown by the affidavit of two persons whether such child is a member of the claimant's household, and if claim is made for an adopted child a certified copy of the court order or decree of adoption must be submitted.

7. If additional compensation is claimed for a dependent parent, relationship to such parent must be shown by a certified copy of the public record of the claimant's birth, or the church record of his baptism, or if such evidence cannot be obtained by the affidavits of two persons. Whether or not the dependent parent for whom compensation is claimed is a widow or widower should be shown by the affidavits of two persons, who must also state the amount of such parent's annual income from all sources, and the specific amount of income from each separate source, the location and value of all property, real and personal, owned by said dependent, his or her physical condition, employment and earnings, and the amount of the disabled person's average monthly contribution to the support of the dependent parent. The parent claimed for should be one of the persons to make affidavit to these facts if mentally competent.

8. The affidavits of two persons required in support of your claim should be made on the blank form on the last page of this application.

All papers which you send this bureau must bear your full name, rank, and organization. The number must also appear upon each paper.
Full name: George C. Laver

Address: 4303 South 5th Ave, Chicago, IL

Under what name did you serve? George C. Laver

Color: White

Date of birth: April 29, 1891

Place of birth: Chicago, IL

Date you last entered service: Oct 7, 1917

Date of entry: Bakersville, NC

Rank or rating at time of discharge: Corporal

Company and regiment or organization, vessel, or station in which or on which you last

8a. State fully any other service in the military or naval forces of the United States:

Date and place of last discharge: Feb 26, 1919, Camp Lewis, WA

Cause of discharge: Disability and demobilization

Nature and extent of disability claimed: Fractured femur, app., knee, shell

Date disability began: Sept 29, 1918

 Cause of disability: French mortar shell

When and where received: Between Germany and France, April 22, 1918

Occupations and wages before entering service: Farm work, $0.50 a week

Last two employers:

Charles G. Laver, 4303 S 5th Ave, Chicago, IL 3 years

A. A. Laver, Newland, NC 1 year

Occupations since discharge, dates of each, and wages received: if less than before service, why

Present employer:

Name and address of doctor or hospital treating you: U. S. Base Hospital 33, Portsmouth, England

Are you confined to bed? Yes

Do you require constant nursing or attendance? No

Name and address of nurse or attendant:

Are you willing to accept medical or surgical treatment if furnished by authority of the government? Yes

Are you single, married, widowed, or divorced? Single

Date and place of marriage: Yes

Date and place of marriage: Yes

Times previously married: Yes

Times previously married: Yes

Maiden name of wife: 

Do you live together? No
28. Have you now living a child or children, including stepchildren and adopted children, under eighteen years of age and unmarried? 

30. If so, state below full name of each child, and date of birth; if a stepchild or adopted child, so state, and give date child was adopted by you or became a member of your household.

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Given.)</td>
<td>(Middle.)</td>
</tr>
<tr>
<td></td>
<td>Day</td>
</tr>
</tbody>
</table>

31. Have you a child of any age who is insane, idiotic, or otherwise permanently helpless?

32. State whether your parents are living together, separated, divorced, or dead. 

33. Give name and address of each parent living.

34. Age of each parent

35. Extent either is actually dependent on you for support.

36. To whom did you make an allotment of your pay?

37. Amount of allotment.

38. Give number of any other claim filed on account of this disability, and place filed.

39. Did you apply for War Risk Insurance? Yes. 40. When and where?

41. Insurance certificate number

42. Name of beneficiary

I make the foregoing statements as a part of my claim with full knowledge of the penalty provided for making a false statement as to a material fact in a claim for compensation or insurance.

Subscribed and sworn to before me this day of ______. 

by ___________, ____________

claimant, to whom the statements herein were fully made known and explained.

We, the undersigned, hereby certify that we are well acquainted with the claimant whose name was subscribed hereto in our presence, and that we know him to be the person described herein.

[Signature of claimant]

By commission officer.

[Signature of commission officer]
HONORABLE DISCHARGE FROM THE UNITED STATES ARMY.

TO ALL "WHOM IT MAY CONCERN;"

THIS IS TO CERTIFY, that George E. Lown
1315662 Corporal Co F 119th Infantry Casualty

, as a TESTIMONIAL OF HONOR AND FAITHFUL
SERVICE, is hereby HONORABLY DISCHARGED from the military service of the
UNITED STATES by reason of Demobilization

said George E. Lown was born in
Joy, in the State of North Carolina
Then enlisted he was 26 1/2 years of age and by occupation Lumberman

He had Brown eyes, brown hair, Fair complexion, and was Six feet 3 inches in height.

Given under my hand at U.S. Army Base hospitals Guernsey this
26th day of February, one thousand nine hundred and nineteen

J. E. Lown
Lt. Col. Medical Corps U.S. Army
Commanding.

A true copy.

Notary Public

War Department
Form No. 525, A.G.O.
Ed. July 15-17--200,000.

APD
Report of Physical Examination

Was patient filed claim for compensation? Yes.

Married ______ Divorced ______ Single ______ Widowed ______

1. Patients name: Lowe, George C. (C) 154719.


3. Present address: Spruce Pine, N.C.

4. Age 29 Color: White

5. Brief military history of claimant's disability: Drafted Oct. 2, 1917. Discharged February 26, 1919 by reason of demobilization. Acute appendicitis, at Camp Jackson, October 1917, in Field Hospital one week, then to Barracks two weeks, la Grippe, in Base Hospital Camp Beulah, January 1918, light attack served in A.E.F. from May 1918 to December 1918. Wounded by shrapnel in left thigh September 29, 1918 at St. Quentin; treated in Base Hospital Uren, France, one month, then to South Hampton, Eng. Base Hosp. No. 40 one month. To Portsmouth. Physical condition when discharged "shrapnel wound of left thigh, operative wound of left femur, atrophy of left thigh. Operative wound lower side of left thigh. Fracture of left femur. 30% disabled." Since discharge, working as carpenter half time. Draws $80.00 per month compensation.


10. Is claimant able to return to former occupation? No.

11. Do you advise it? No.


13. Is he able to travel? Yes.


15. Is there a reasonable presumption that the claimant has a disability due to service? Yes.

16. What is the degree of his vocational disability resulting from the disability? (Major, minor, none, Major.)

17. Does his physical and mental condition render training feasible? Yes.

N. L. Grade: A.A. Surgeon, U.S.P.H.

P. J. Scott
HONORABLE DISCHARGE FROM THE UNITED STATES ARMY.

TO ALL WHOM IT MAY CONCERN:

THIS IS TO CERTIFY, That George C. Loven
1315662 Corporal Co "K" 119th Infantry Casual Detachment of Patients
The United States Army as a TESTIMONIAL OF HONEST AND FAITHFUL
SERVICE, is hereby HONORABLY DISCHARGED from the military service
of the UNITED STATES by reason of Demobilization

Said George C. Loven was born in
Joy, in the State of North Carolina

When enlisted he was 26 6/12 years of age and by occupation

a lumberman

He had brown eyes, brown hair, fair Complexion,

and was six feet three inches in height.

Given under my hand at U.S. Army Base Hospital Camp Greene, N.C.

26th day of February one thousand nine hundred and nineteen

G.E.A. Renn

Lt.Col. Medical Corps, U.S.A.
Commanding

A true copy.

By authority V.O. Co. Camp Greene,
N.C., July 26th, 1918.

War Department.
Form No. 525, A.G.O.
Ed.July 13-17-200,000.
ARD.
War Department.
Form No. 525, A.G.O., ENLISTMENT RECORD
Page 2

Name: George C. Loven
Grade: Corporal

Enlisted October 2, 1917, at Bakersville, N.C.

Serving in First "enlistment period at date of discharge.

Prior service: None

Noncommissioned officer: Corporal - Dec. 1917.

Markmanship, gunner qualification or rating: No record

Horsemanship: Not mounted

Battles, engagements, skirmishes, expeditions: St. Quenten, France

Sept. 29th, 1918.

Knowledge of any vocation: Lumberman

Wounds received in service: Shrapnel wound of left thigh, fracture of left femur, stropuy of left thigh, operative wound inerside of left thigh.

Physical condition when discharged: Fracture of left femur, stropuy of left thigh, 30% disabled

Typhoid prophylaxis completed: No record

Paratyphoid prophylaxis completed: No record

Married or single: Single

Character: Excellent

Remarks: No A.W.O.L. No absence from duty under G.O. 45 W.D. '14

Entitled to travel pay to Bakersville, N.C.


Over seas -- May 11th, 1918 to Dec. 30th, 1918.

Signature of soldier: George C. Loven

Irvin E. Gilder

2nd San. Corps, U.S.A.
Commanding Det. of Patients.
War Department
Form No. 525, A.G.O.
Page 2

ENLISTMENT RECORD.

Name: George C. Loan

Grade: Corporal


Serving in First enlistment period at date of discharge.

Prior service:

Noncommissioned officer: Corporal Dec. 1917

Marksman, gunner qualification or rating: None

Horsemen or:

Not mounted

Battles, engagements, skirmishes, expeditions: St. Quentin France Sept. 27th, 1918

Knowledge of any vocation: Lumberman

Wounds received in service: Shoulder wound left arm, fractured left arm

Physical condition when discharged: Practically the same.

Typhoid prophylaxis completed: No

Paratyphoid prophylaxis completed: No

Married or single: Single

Character: Excellent

Remarks: NO A.W.O.L. No absence from duty under 30 days, 1918.

Entitled to travel pay to Buenos Aires, Dec. 21st, 1917.


Wounds: May 11th 1918.

Signature of soldier: George C. Loan

This is a reproduction from Veterans' Affairs.

Commandant, 1919

BY VSD VARO, W.V., 1919

AND

COPYED FROM VETERANS' AFFAIRS

BY VSD VARO, W.V., 1919
HONORABLE DISCHARGE
THE UNITED STATES ARMY

To all whom it may concern:

This is to certify, that, 1916, U.S. Army.

The United States Army, as a testimonial of honest and faithful service, is hereby honorably discharged from the military service of the United States by reason of:

Said was born in , in the State of .

When enlisted he was 26 years of age and by occupation .

He had eyes, hair, complexion, and was feet inches in height.

Given under my hand at this day of , one thousand nine hundred and .

(Signed) , Medical Corps U.S.A.

ENLISTMENT RECORD

Name:  Grade: Corporal


Serving in: First enlistment period at date of discharge.

Prior service: None.

Noncommissioned officer: Corporal, Jan. 1, 1917.

Marksman, gunner qualification or rating: Standard.

Horsemanship: Not required.

Battles, engagements, skirmishes, expeditions: St. Quentin, France, Sept. 29, 1918.

Knowledge of any vocation: \( \text{Fundamental} \)\n
Wounds received in service: No wound, only liked the work.
Physical condition when discharged: Good.

Typhoid prophylaxis completed: No record.

Paratyphoid prophylaxis completed: No record.

Married or single: Single.

Character: Good.

Remarks: The soldier was an efficient soldier and received a special commendation from the commanding officer.

Signature of soldier: (\( \text{Signed} \))

Filed and recorded: 1st Nov., 1927.
I, ____________________________, being duly sworn, depose and say that the foregoing discharge (or certificate of lost discharge) is the original discharge (or certificate of lost discharge) issued to me by the Government of the United States; and that no alterations have been made therein, by me, or by any person to my knowledge.

Subscribed and sworn to before me, this ___________________________ day of ___________________________, 19_________, Register of Deeds.

STATE OF North Carolina

Mitchell County

I, ____________________________, Register of Deeds in and for said County, do hereby certify that the above and foregoing is a full, true, and complete copy of the original Discharge issued to ____________________________, as the same appears of record in my office on Page 5, Book 1.

WITNESS My Hand and Seal of the Register of Deeds of said County at ____________________________, this 21st day of ____________, A.D. 1959.

__________________________
Register of Deeds.

__________________________
County.