

WITH SUPPLEMENTAL REPORT—THIS IS A PERMANENT RECORD.
 IN CASE OF STILLBORN—THIS IS A PERMANENT RECORD.
 FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		2633	
Township of <u>Wedgefield</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4109</u>		Registered No. <u>2</u>	
or				(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 <u>John Lloyd</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 16, 1922</u> (Give Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Berry Lloyd</u>			(14) NAME BEFORE MARRIAGE <u>Rebecca Howard</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wedgefield S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wedgefield S.C.</u>		
(10) COLOR OR RACE <u>col</u>			(16) COLOR OR RACE <u>col</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Sumter Co.</u>			(18) BIRTHPLACE <u>Sumter Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farm laborer</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1 P.</u> M., on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Berry Lloyd</u>					
(24) State whether Physician or Midwife <u>father</u> (25) Address of Physician or Midwife <u>Wedgefield S.C.</u>					
Given name added from a supplemental report			(26) Witness		
..... 19			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Jan 21, 1922</u> (28) <u>Berry Sanders</u> 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.