

Form No. 1

(1) PLACE OF BIRTH

County of Willam  
 Township of Heelsboro  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

File No.—For State Registrar Only

**42090**

Registration District No. 1603 Registered No. 192  
 (For use of Local Registrar)

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

(2) Full Name of Child Shirwood Lloyd

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 event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>12-22-22</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Denson Bogion  
 (9) PRESENT POSTOFFICE OF FATHER Nichols S.C.  
 (10) COLOR OR RACE Colored  
 (11) AGE AT LAST BIRTHDAY.....  
 (12) BIRTHPLACE.....  
 (13) OCCUPATION.....

**MOTHER.**

(14) NAME BEFORE MARRIAGE Liver Lloyd  
 (15) PRESENT POSTOFFICE OF MOTHER Nichols S.C.  
 (16) COLOR OR RACE Colored  
 (17) AGE AT LAST BIRTHDAY.....  
 (18) BIRTHPLACE Willam Co S.C.  
 (19) OCCUPATION Free Hand

(20) Number of children born to mother, including present birth Three  
 (21) Number of children of this mother now living, including present birth Three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 A.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Heather Wall  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nichols, S.C.

Given name added from a supplemental report

(26) Witness W. R. Hayes  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12-10-22 (28) W. R. Hayes Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make supplemental report 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.