

Form No. 1

(1) PLACE OF BIRTH

County of Worm
 Township of Green Sea
 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

15343

Registration District No. 2506 Registered No. 2455
 (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 East Lloyd

If child is not yet named, make supplemental report as directed

3-SEX OF GIRL? girl 4- Twin or Triplet? 1 5- Number in order of birth 1 6- Are Parents Married? yes 7- DATE OF BIRTH May 14, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8- FULL NAME Mark Lloyd
 9- PRESENT POSTOFFICE OF FATHER Labor WCR
 10- COLOR OR RACE white 11- AGE AT LAST BIRTHDAY 40
 12- BIRTHPLACE Wormy, C. O. C.
 13- OCCUPATION farmer
 20- Number of children born to mother, including present birth 8

MOTHER.

14- NAME BEFORE MARRIAGE Effie West
 15- PRESENT POSTOFFICE OF MOTHER Labor WCR
 16- COLOR OR RACE white 17- AGE AT LAST BIRTHDAY 27
 18- BIRTHPLACE Wormy, C. O. C.
 19- OCCUPATION housewife
 21- Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... born... at. 11 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sally McQueen(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Labor WCR

Given name added from a supplemental report

(25) Witness Sally West

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

(27) Filed May 18, 22(28) E. D. Buffkin

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.

MARGIN RESERVED FOR BINDING

WHITE PLAIN. WITH UNFOLDING INC.—THIS IS A FURNISHING REQUIRED. IN CASE OF TWINNING OR TRIPLETS USE A SEPARATE REPORT FOR EACH CHILD, AND ENTER THE
 BIRTH-DATE, No. 1, THIS OFFICE, No. 2, etc., IN QUESTION 8.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.