

(1) PLACE OF BIRTH

County of Beaufort
 Township of Yemassee
 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

6033

Registration District No. 675 Registered No. 4
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH Feb 27 1923
 (Name of Month Day) (Year)

FATHER.

(8) FULL NAME Walter Loyd
 (9) PRESENT POSTOFFICE OF FATHER Hardenville 26
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39
 (Years)
 (12) BIRTHPLACE Edgefield St.
 (13) OCCUPATION Barber
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hda Mobley
 (15) PRESENT POSTOFFICE OF MOTHER Hardenville 26
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25
 (Years)
 (18) BIRTHPLACE Edgefield St.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alena at 4 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. H. Hides(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hardenville 26

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed April 10 1923 (28) C. A. Walker 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.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHERS, No. 2, etc., in sequence & in order of columns. Columns 8 & 9.