

(1) PLACE OF BIRTH

County of Calhoun
 Township of Wayland
 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
17299

Registration District No. 40.6 Registered No.
 (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 Joseph Lloyd

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

(3) BOY OR GIRL Boy (4) Twin or Triplet
 To be answered only in event of Twin or Triplet

(5) Are Parents Married yes

(7) DATE OF BIRTH June 9, 1923
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Lloyd

(9) PRESENT POSTOFFICE OF FATHER Walterton SC

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23
 (Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Small

(15) PRESENT POSTOFFICE OF MOTHER Walterton SC

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19
 (Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) 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 Allen at 8 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Ferido
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Walterton SC W. Walterton

Given name added from a supplemental report

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

(27) John J. ... 1922 Mrs. Benjamin ... Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this 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.

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