

(1) PLACE OF BIRTH

County of Harvey
 Township of Bayboro
 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

38804

Registration District No. 2.500 Registered No. 6.9
 (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 Lloyd Earl Boyd

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathan Gorman Boyd(9) PRESENT POSTOFFICE OF FATHER Loris SC R1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Years)(12) BIRTHPLACE Harvey Co., S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Dulak Bryant Gerald(15) PRESENT POSTOFFICE OF MOTHER Loris SC R1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Years)(18) BIRTHPLACE Harvey Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Huger Richardson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Loris SC

Given name added from a supplemental report

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

(27) Filed Dec 8 1922 (28) J. C. Bell
 Registrar 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.

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