

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Anderson  
 of  
 Inc. Town of Orange  
 or  
 City of Orange

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar

203

Registration District No. 33Registered No. 15  
(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 James Haney

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

(3) SEX OR CHILD Boy (4) Type or Type To be converted into (5) Name of Child Lloyd James Haney (6) Age 2 (7) DATE OF BIRTH Jan 9 1923  
 (Month of Month) (Day) (Year)

(8) FULL NAME Lloyd Haney (9) PRESENT POSTOFFICE OF FATHER Orange (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 2 (12) BIRTHPLACE N.C. (13) OCCUPATION Milk work

(14) NAME BEFORE MARRIAGE Lottie Buckner (15) PRESENT POSTOFFICE OF MOTHER Orange (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (18) BIRTHPLACE N.C. (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 37 M., on the date above stated. (23) (Signature) M. I. Moten (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orange

Given name added from a supplemental report

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

(27) Date Feb 10 23 (28) 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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