

Form No 1.

(1) PLACE OF BIRTH

County of

Richland

Township of

Lower

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. for State Registrar Only
66091

Registration District No. 3873 Registered No. 195

(For use of Local Registrar)

(2) Full Name of Child *Nathaniel Loyd*

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <i>no</i> Parents Married?	(7) DATE OF BIRTH (Month of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <i>Lou Loyd</i>		(14) NAME BEFORE MARRIAGE <i>Jane Speer</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Easton</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Easton</i>		
(10) COLOR OR RACE <i>Nat</i>		(11) AGE AT LAST BIRTHDAY <i>35</i> (Years)	(16) COLOR OR RACE <i>Nat</i>	
(12) BIRTHPLACE <i>SC</i>		(17) AGE AT LAST BIRTHDAY <i>29</i> (Years)		
(13) OCCUPATION <i>Pumper</i>		(18) OCCUPATION <i>Housewife</i>		
(19) Number of children born to mother, including present birth <i>3</i>		(20) Number of children of this mother now living, including present birth <i>3</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Alive* at *12 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Paul Walker*

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Midwife EASTOVERGiven name added from a supplement-
tal report(25) Witness (Signature of Witness necessary only
when question 23 is signed by mother)(26) Filed *6/6* 1916 (27) 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 FINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCauley, of Columbia.