

FORM NO. 6 MARGIN RESERVED FOR BINDING.

WHITE PLAIN, WITH LEADING 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.

McCaw of Columbia.

(1) PLACE OF BIRTH, **CERTIFICATE OF BIRTH**  
 County of Marion STATE OF SOUTH CAROLINA.  
 Township of Loyd Bureau of Vital Statistics  
 Inc. Town of ..... State Board of Health  
 City of ..... Registration District No. 3207 Registered No. 25  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

File No.—For State Registrar Only  
**78150**

(2) Full Name of Child Ma May Loyd { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 1st 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Fred Loyd  
 (9) PRESENT POSTOFFICE OF FATHER Centenary  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE Marion S.C.  
 (13) OCCUPATION Farm laborer  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Annaphine Lee  
 (15) PRESENT POSTOFFICE OF MOTHER Centenary  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Marion S.C.  
 (19) OCCUPATION Farm laborer  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Sam Mader  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Centenary

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct 10 1916 (28) V. A. ... 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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