

(1) PLACE OF BIRTH

County of FAIRFAXTownship of Hiltonheador
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37315

Registration District No. 802 Registered No. 44
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Wildred Lloyd

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

| | | | | |
|--------------------------------|---|--|---------------------------------------|--|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth <u>3</u> | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH <u>Nov. 9, 1922</u> (Name of Month) (Day) (Year) |
|--------------------------------|---|--|---------------------------------------|--|

FATHER.

MOTHER.

(8) FULL NAME
UNKNOWN(14) NAME BEFORE MARRIAGE
Emma Lloyd

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER
Hiltonhead, S. C.(10) COLOR OR RACE
White(11) AGE AT LAST BIRTHDAY
Years(16) COLOR OR RACE
Negro(17) AGE AT LAST BIRTHDAY
20
(Year)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

Farm Laborer(20) Number of children born to mother, including present birth
3(21) Number of children of this mother now living, including present birth
3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie Jones(24) State whether Physician or Midwife
Midwife(25) Address of Physician or Midwife
Hiltonhead, S. C.

Give name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 18, 1922 (28) W. A. Brown 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.