

(1) PLACE OF BIRTH

County of MarlboroTownship of Brightsvilleor
Inc. Town of
or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

78275

Registration District No. 302Registered No. 24
(For use of Local Registrar)City of (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

Lawrence Lloyd

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Father and Mother Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Aug. 24, 1916</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Andrew Lloyd</u>			(14) NAME BEFORE MARRIAGE <u>Ellen Quick</u>	
(9) PRESENT POSTOFFICE OF FATHER —			(15) PRESENT POSTOFFICE OF MOTHER <u>Gibson NC</u>	
(10) COLOR OR RACE —	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>34</u>	
(12) BIRTHPLACE <u>Marlboro Co</u>			(18) BIRTHPLACE <u>Marlboro Co</u>	
(13) OCCUPATION —			(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth { <u>6</u>			(21) Number of children of this mother now living, including present birth { <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Ellen Lloyd Informant

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by married woman)

(27) Filed 10/9 1916

(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.

MARGIN RESERVED FOR BINDING.
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.

McGraw, of Columbia.