

## (1) PLACE OF BIRTH

County of HarveyTownship of Mottor  
Inc. Town of .....or  
City of Clinton

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

## (2) Full Name of Child

Lloyd George Lloyd

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth  
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH May 11 19 24  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George H. Lloyd(9) PRESENT POSTOFFICE OF FATHER Clinton P.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Harvey Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Eva B. Lloyd(15) PRESENT POSTOFFICE OF MOTHER Clinton P.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE Harvey Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/24 19 23 (28) C. S. Hedley  
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.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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42446

Registration District No. 2012 Registered No. 132  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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