

BEFORE SIGNING, READ CAREFULLY THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS CARD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Lancaster  
Township of Morris  
or  
Inc. Town of.....  
or  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**42440**

Registration District No. 2013 Registered No. 115  
(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 Lucile Lloyd {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 17 1924  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Nelson J. Lloyd  
(9) PRESENT POSTOFFICE OF FATHER Lake City S.C. #1  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)  
(12) BIRTHPLACE Lancaster Co.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 16

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lizzie M. McCalister  
(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C. #1  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)  
(18) BIRTHPLACE Lancaster Co.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 8

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

(22) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (How) 7:4 (Hour) A.M. (A.M. or P.M.) on the date above stated.

(23) (Signature) D. H. Lloyd (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 1924 (28) U.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.