

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

M. E.—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.  
McCawley of Columbia.

(1) PLACE OF BIRTH  
County of Charleston S.C. STATE OF SOUTH CAROLINA.  
Township of        Bureau of Vital Statistics  
or        State Board of Health  
Inc. or Town of        Registration District No. 7A Registered No. 37  
or        (For use of Local Registrar)  
City of Charleston (No. 144 St. Philip St.;        Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
45591

(2) Full Name of Child Ruth Lloyd } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet?        (5) Number in order of birth        (6) Are Parents Married? yes (7) DATE OF BIRTH Jan, 9<sup>th</sup>  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Wm. Lloyd  
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43  
(12) BIRTHPLACE Charleston S.C.  
(13) OCCUPATION Labourer  
(20) Number of children born to mother, including present birth Seven

MOTHER.  
(14) NAME BEFORE MARRIAGE Louisa Grant  
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30(?)  
(18) BIRTHPLACE Charleston, S.C.  
(19) OCCUPATION Washerwoman  
(21) Number of children of this mother now living, including present birth 7. Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was born born alive, at 700 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) R. L. La Roche, M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rofus Hospital

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 1/12/11 191        (28) J. Mercer Guin, M.D. 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.