

(1) PLACE OF BIRTH

County of LancasterTownship of Mulleor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42458

Registration District No. 2012Registered No. 106
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Myrlene 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

Oct 19 1927

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Otis Lloyd

(9) PRESENT POSTOFFICE OF FATHER

Scranton 2C R#1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

Lancaster Co.

(13) OCCUPATION

Farmers

MOTHER

(14) NAME BEFORE MARRIAGE

Vertie E. Weaver

(15) PRESENT POSTOFFICE OF MOTHER

Scranton 2C R#1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Lancaster Co.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Month, Day, or P. M.)

(23) (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 1928(28) C. S. H. Day

Local Registrar

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.

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