

(1) PLACE OF BIRTH

County of EdgfieldTownship of Edgfieldor
Rte. 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

Registration District No. 1813 Registered No. 1
(For use of Local Registrar)No. 43825(2) Full Name of Child Jessie Ann Lloyd (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Boy (4) Type or Fringe To be carried on head of Father's side (5) Number in order of birth 1 (6) Age at birth 40 (7) DATE OF BIRTH Feb 17 (8) (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(9) FULL NAME <u>Nathanial Lloyd</u>	(10) NAME BEFORE MARRIAGE <u>Hattie Barnes</u>	(10) NAME BEFORE MARRIAGE <u>Hattie Barnes</u>	(10) NAME BEFORE MARRIAGE <u>Hattie Barnes</u>
(11) PRESENT POSTOFFICE OF FATHER <u>Trenton S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Trenton S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Trenton S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Trenton S.C.</u>
(12) COLOR OR RACE <u>Colored</u>	(12) COLOR OR RACE <u>Colored</u>	(12) COLOR OR RACE <u>Colored</u>	(12) COLOR OR RACE <u>Colored</u>
(13) BIRTHPLACE <u>Edgfield County</u>	(13) BIRTHPLACE <u>Edgfield County</u>	(13) BIRTHPLACE <u>Edgfield County</u>	(13) BIRTHPLACE <u>Edgfield County</u>
(14) OCCUPATION <u>Farmer</u>	(14) OCCUPATION <u>Housewife</u>	(14) OCCUPATION <u>Housewife</u>	(14) OCCUPATION <u>Housewife</u>
(15) Number of children born to mother, including present birth <u>1</u>	(15) Number of children of this mother now living, including present birth <u>1</u>	(15) Number of children of this mother now living, including present birth <u>1</u>	(15) Number of children of this mother now living, including present birth <u>1</u>

(16) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(17) (Signature) E. J. Smith (18) State whether Physician or Midwife Physician (19) Address of Physician or Midwife Trenton S.C.

Give name added from a supplemental report	(20) Witness (Signature of Witness necessary only when question 18 is signed by mark)
..... 19	(21) Filed <u>2/17</u> 19 <u>24</u> (22) <u>Oliver K. Lamb</u> 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.