

MARGINS RESERVED FOR INDEXING.  
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of twins use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Charleston  
Township of Johns Island  
Inc. Town of .....  
City of .....

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

Registration District No. 9.05 Registered No. 17013  
(For use of Local Registrar)  
(No. .... St. .... Ward)

(2) Full Name of Child James L. Lloyd

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

(3) BOY OR GIRL Boy (4) Twin or Triple No (5) Number in order of birth 1 (6) Age at birth Yrs (7) DATE OF BIRTH June 25 1903  
(Month) (Day) (Year)

**FATHER**  
(8) FULL NAME Sam Lloyd  
(9) PRESENT RESIDENCE OF FATHER Johns Island  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Year)  
(12) BIRTHPLACE Johns Island  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth Seven

**MOTHER**  
(15) NAME BEFORE MARRIAGE Laura Johnson  
(16) PRESENT RESIDENCE OF MOTHER Johns Island  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 35 (Year)  
(19) BIRTHPLACE Johns Island  
(20) OCCUPATION Farmer  
(21) Number of children of this mother now living, including present birth Five

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) W. L. Williams  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report  
.....  
.....  
.....  
19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 5 1903 (28) Mrs. L. L. Williams 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.

K O O D A K