

## (1) PLACE OF BIRTH

County of FlournoeTownship of Millsor  
Inc. Town of .....or  
City of .....

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

## (2) Full Name of Child

Basil Gene Lloyd

File No. — For State Registrar Only

42442

Registration District No. 2012 Registered No. 113

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH April 13, 1937  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Julius N. Lloyd

(9) PRESENT POSTOFFICE OF FATHER

Lake City, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

78  
(Years)

(12) BIRTHPLACE

Flournoe Co.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Flournoe M. Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Lake City, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

78  
(Years)

(18) BIRTHPLACE

Flournoe Co.

(19) OCCUPATION

Domestic

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

1

(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 or stillborn at 11:00 A.M. on the date above stated. (Hour M. 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)

W. S. Hodges

(27) Local Registrar

\*When there was no attending physician, or when the father, householder, etc., should make this return. If a child breathes even once, it is not a stillborn. No report is desired of stillbirths.

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