

01

* By Court Order dated 9/23/75.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|----------------------|--|---|---|--|
| County of <u>Darlington</u> | | STATE OF SOUTH CAROLINA | | 885 | |
| Township of <u>Leadbeth</u> | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of..... | | Registration District No. <u>1.2.0.2</u> | | Registered No. <u>2</u> | |
| or | | * <u>May Ruth Lloyd</u> | | (For use of Local Registrar) | |
| City of | | (No.) St.; Ward) | | | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child <u>Mary Ella Goddard</u> | | | | If child is not yet named, make supplemental report as directed | |
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>June 10, 1972</u> | |
| To be answered only in event of Twins or Triplets | | | | | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>William Daniel Lloyd</u> | | | (14) NAME BEFORE MARRIAGE <u>Alma Sue McPherson</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Darlington</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Darlington</u> | | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) | | |
| (12) BIRTHPLACE <u>home</u> | | | (18) BIRTHPLACE <u>home</u> | | |
| (13) OCCUPATION <u>farming</u> | | | (19) OCCUPATION <u>farming</u> | | |
| (20) Number of children born to mother, including present birth <u>2</u> | | | (21) Number of children of this mother now living, including present birth <u>2</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was. <u>born</u> at <u>10</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Malie Becht</u> | | | | | |
| (24) State whether Physician or Midwife (25) Address of Physician or Midwife | | | | | |
| Given name added from a supplemental report | | | | | |
| <u>Co # 8920</u> | | | | | |
| <u>Filed 10-7-75</u> | | | | | |
| Registrar | | | | | |
| (26) Witness <u>James H. McPherson</u> | | | | | |
| (Signature of Witness necessary only when question 23 is signed by mark) | | | | | |
| (27) Filed <u>Feb 1, 1972</u> (28) <u>OT Lantry</u> | | | | | |
| 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. | | | | | |