

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Florence

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

35890

Township of Northor  
Inc. Town ofRegistration District No. 2012Registered No. 90

(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 Mary Elizabeth Floyd

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

(1) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) ~~Age~~  
Parent Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)  
Sept. 20 1925

## FATHER

(8) FULL NAME

William J. Floyd

(9) PRESENT POSTOFFICE OF FATHER

Scranton, SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

28

(12) BIRTHPLACE

Florence Co.

(13) OCCUPATION

Farmer

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

3

(14) NAME BEFORE MARRIAGE

## MOTHER

Keller Carter

(15) PRESENT POSTOFFICE OF MOTHER

Scranton, SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

25

(18) BIRTHPLACE

Florence Co.

(19) OCCUPATION

Domestic

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 9:30 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

S. C. Floyd, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Opaula, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12/15 1925

(28)

G. S. Hedley

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.

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