

Form No. 1

11/17/23

## (1) PLACE OF BIRTH

County of YorkTownship of Wentworthor  
Inc. Town of .....or  
City of .....(No. .... St. .... Ward)  
(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 HealthRegistration District No. 4408 Registered No. 76  
(For use of Local Registrar)No. for State Registrar Only  
**30632**(2) Full Name of Child Olava Flood If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>9</u> <u>12</u> <u>1923</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
8) FULL NAME <u>Clarence Flood</u>	14) NAME BEFORE MARRIAGE <u>Cynthia Roberts</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill S.C.</u>			
10) COLOR OR RACE <u>Black</u>	11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	16) COLOR OR RACE <u>Black</u>	17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
12) BIRTHPLACE <u>York</u>		18) BIRTHPLACE <u>York</u>		
13) OCCUPATION <u>farmer?</u>		19) OCCUPATION		
20) Number of children born to mother, including present birth <u>1</u>		21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at .....

on the date above stated.

(23) (Signature) Mary Twilley(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/24 1923 (28) J. R. Miller 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 8th month of pregnancy.