

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Vandergriftor
Inc. Town ofor
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 Olivia Flood

No. for State Registrar Only

30632

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4408Registered No. 76
(For use of Local Registrar)

(No. St. Ward)

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 event 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)
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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>	16) COLOR OR RACE <u>Black</u>	11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	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 M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(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.