

MARGIN RESERVED FOR BINDING.

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

N. B.—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.

McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of York

or Inc. Town of York

or City of William

(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 Health

File No. For State Registrar Only

75282

Registration District No. 4408 Registered No. 97

(For use of Local Registrar)

(2) Full Name of Child William McKinley Floyd

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 case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 8, 1, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Floyd

(9) PRESENT POSTOFFICE OF FATHER Fulbrook S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Monte Co S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Jones

(15) PRESENT POSTOFFICE OF MOTHER York S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE York Co S.C.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Blue Erius | Fulbrook S.C.

(26) Witness Mrs. J. White  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 3, 1916 (28) Jas. J. Barrow Local Registrar

Given name added from a supplemental report

....., 191.....

..... 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.