

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

75282

County of York

Township of York

Inc. Town of Liberty

City of Williams

Registration District No. 4408

Registered No. 97

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: 8, 1, 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME: Wm. Floyd

(14) NAME BEFORE MARRIAGE: Nancy Jones

(9) PRESENT POSTOFFICE OF FATHER: Fulburt S.C.

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

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

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

(12) BIRTHPLACE: York Co S.C.

(18) BIRTHPLACE: York Co S.C.

(13) OCCUPATION: Farmer

(19) OCCUPATION: Domestic

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

(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) Blue Erius

(24) State whether Physician or Midwife (25) Address of Physician or Midwife: Fulburt S.C.

Given name added from a supplemental report

(26) Witness: M. 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

\*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.

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.