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U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Pickland  
Township of Olympia  
or  
Inc. Town of  
or  
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-1

FILE No.—For State Registrar Only

01156

Registered No. (For use of Local Registrar)

(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 Martin Luther Floyd Jr. { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births 4. Twins, triplets or other..... 6. Premature..... 7. Are Parents Married? yes 8. Date of birth Dec. 7 1922  
(Month, day, year)

9. Full name Martin Luther Floyd FATHER

18. Name before marriage Connie Hunter MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Winnabrook

19. Residence (mailing address) (If non-resident, give place and State) Columbia, S.C.

11. Color or race W 12. Age at child's birth 22 (years)

20. Color or race W 21. Age at child's birth 21 (years)

13. Birthplace (city or place) (State or country) Atlanta, S.C.

22. Birthplace (city or place) (State or country) Chesterfield, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Textile

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 6 yrs.

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 8 yrs.

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... (months weeks) 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 1:30 a.m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report..... (Date of)

(Signed) L. A. Riser Guardian

Address Winnabrook, S.C.

Filed July 23, 1943 L. A. Riser, M. D. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)