

Use 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only	
County of <u>Horry</u>		STATE OF SOUTH CAROLINA.		90370	
Township of <u>Green Sea</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2506</u>		Registered No. <u>90</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>John R. Floyd</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Dec. 3</u> 19 <u>6</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>E. Luther R. Floyd</u>			(14) NAME BEFORE MARRIAGE <u>Effie E. Harrelson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Green Sea</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Green Sea</u>		
(10) COLOR OR RACE <u>white</u>			(17) AGE AT LAST BIRTHDAY <u>38</u>		
(12) BIRTHPLACE <u>Horry Co. S.C.</u>			(16) COLOR OR RACE <u>white</u>		
(13) OCCUPATION <u>Farming</u>			(17) AGE AT LAST BIRTHDAY <u>38</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(18) BIRTHPLACE <u>Green Sea S.C.</u>		
			(19) OCCUPATION <u>Farming</u>		
			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sallie M. Queen</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Midwife Sallie M. Queen</u>					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Dec 9</u> 19 <u>6</u> (28) <u>S. D. Bryant</u> 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.