

Form No. 1

(1) PLACE OF BIRTH

County of Miller
Township of Stilesboro
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42090

Registration District No. 1603 Registered No. 192
(For use of Local Registrar)

(2) Full Name of Child Sherwood Floyd
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 12-22-22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Denson Bogion
(9) PRESENT POSTOFFICE OF FATHER Nicholas S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY..... (Years)
(12) BIRTHPLACE.....
(13) OCCUPATION.....
(20) Number of children born to mother, including present birth Three

MOTHER.
(14) NAME BEFORE MARRIAGE Diner Floyd
(15) PRESENT POSTOFFICE OF MOTHER Nicholas S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY..... (Years)
(18) BIRTHPLACE Miller Co S.C.
(19) OCCUPATION Free Land
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:15 A.M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Hester Wall
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nicholas, S.C.

Given name added from a supplemental report
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..... 19.....
Registrar

(26) Witness W. R. Hayes
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12-20-22 (28) W. R. Hayes Registrar

*When there was no attending physician or midwife, then the father, householder, etc. should make supplemental report 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.

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.