

## (1) PLACE OF BIRTH

County of *Albemarle*Township of *Rocky City*

Inc. Town of

City of

(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

58869

Registration District No. *2017* Registered No. *31*

(For use of Local Registrar)

(2) Full Name of Child *Madeline Alaina Floyd*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *One*(5) Number in order of birth *1st*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *April 5, 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *David Winston Floyd*(9) PRESENT POSTOFFICE OF FATHER *Rocky City, S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *21* (Years)(12) BIRTHPLACE *Flournoe Co.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *One*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Vera Mita Ham*(15) PRESENT POSTOFFICE OF MOTHER *Rocky City, S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *Flournoe Co.*(19) OCCUPATION *House work*(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 alive* at *Rocky City, S.C.* on the date above stated. (M. or P. M.)(23) (Signature) *R. C. Floyd*

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *4/11/16* (28) *A. S. Kelley* 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.

\*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.

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

M. M.—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.