

(1) PLACE OF BIRTH

County of Sp. Co.
 Township of W. Grove
 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

37707

Registration District No. 4010 Registered No. 71
 (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 Paul August Floyd If child is not yet named, make supplemental report as directed

3 SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov-17-1923
 (Name of Month) (Day) (Year)

FATHER

8 FULL NAME Walter Floyd

9 PRESENT POSTOFFICE OF FATHER Sparksburg S.C.R.

10 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36 (Year)

12 BIRTHPLACE SC

13 OCCUPATION Farmer

14 Number of children born to mother, including present birth 2

MOTHER

14 NAME BEFORE MARRIAGE Ellen Trice

15 PRESENT POSTOFFICE OF MOTHER Sparksburg S.C.R.

16 COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Year)

18 BIRTHPLACE SC

19 OCCUPATION Domestic

20 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. McLean(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Railroad St.

Give name added from a supplemental report

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

(27) Filed Nov. 20 19 23 (28) J. W. Hatchett 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.