

(1) PLACE OF BIRTH

County of Orange
 or
 Township of Smith
 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

12338

Registration District No. 3500Registered No. 52
(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 Melvin Floyd (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? Yes (7) DATE OF BIRTH Mar 26 1922
 To be answered only in event of Twins or Triplets: (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fancy Floyd
 (9) PRESENT POSTOFFICE OF FATHER Westminster
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE North Carolina
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Roxie King
 (15) PRESENT POSTOFFICE OF MOTHER Westminster
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Orange (Years)
 (19) OCCUPATION House keeping

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lula Leake Mc
 (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 Apr 11 1922 (28) A. P. Martin 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.

before the fifth month of pregnancy