

(1) PLACE OF BIRTH

County of Charleston
 Township of Int. Charleston
 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
41694

Registration District No. 1205 Registered No. 166
 (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 Bert Marion (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 Dec 24 22
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Cyrus Floyd
 9) PRESENT POSTOFFICE OF FATHER Ruby S.C.
 10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 26
 (Years)
 12) BIRTHPLACE S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE White Crawford
 15) PRESENT POSTOFFICE OF MOTHER Ruby S.C.
 16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 19
 (Years)
 18) BIRTHPLACE S.C.
 19) OCCUPATION Housewife
 21) 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 born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. M. Newsome

(24) State whether Physician or Midwife Phys.

(25) Address of Physician or Midwife Ruby S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

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.

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