

THIS IS A PERMANENT RECORD. WITH ENTRIES INK—THIS IS A PERMANENT RECORD. AND MARK THE CHILD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. IN QUESTION 1 FIRST-BORN. NO. 1. THE OTHER, NO. 2, ETC. IN QUESTION 2.

| (1) PLACE OF BIRTH | | | | CERTIFICATE OF BIRTH | | No. for State Registrar Only | |
|---|--|---|--|---|--|---|--|
| STATE OF SOUTH CAROLINA | | | | Bureau of Vital Statistics | | 41295 | |
| State Board of Health | | | | Registration District No. 4.00 | | Registered No. 7 | |
| County of <u>Laurens</u> Township of <u>Cross Hill</u> or Inc. Town of or City of (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 <u>Olen Floyd Jr</u> | | | |
| (3) BOY OR GIRL <u>Boy</u> | | (4) Twin or Triplet To be answered only in case of Twins or Triplets | | (5) Number in order of birth <u>no</u> | | (6) Are Parents Married <u>Yes</u> | |
| | | | | (7) DATE OF BIRTH <u>Dec 21 1924</u> (Name of Month) (Day) (Year) | | If child is not yet named, make supplemental report as directed | |
| FATHER. | | | | MOTHER. | | | |
| (8) FULL NAME <u>Olen Floyd</u> | | | | (14) NAME BEFORE MARRIAGE <u>Marie Floyd</u> | | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Cross Hill S.C.</u> | | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Cross Hill</u> | | | |
| (10) COLOR OR RACE <u>Black</u> | | (11) AGE AT LAST BIRTHDAY <u>24</u> (Years) | | (16) COLOR OR RACE <u>Black</u> | | (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) | |
| (12) BIRTHPLACE <u>S.C.</u> | | | | (18) BIRTHPLACE <u>S.C.</u> | | | |
| (13) OCCUPATION <u>Farmer</u> | | | | (19) OCCUPATION <u>Housewife</u> | | | |
| (20) Number of children born to mother, including present birth <u>2</u> | | | | (21) Number of children of this mother now living, including present birth <u>2</u> | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>living</u> at <u>2</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | | | |
| (23) (Signature) <u>Dr. Spearman</u> | | | | (24) Address of Physician or Midwife <u>Cross Hill</u> | | | |
| (25) State whether Physician or Midwife <u>midwife</u> | | | | | | | |
| Given name added from a supplemental report | | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | | |
| 19 Registrar | | | | (27) Filed <u>Dec 27 1924</u> (28) <u>Marie Floyd</u> 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.