

(1) PLACE OF BIRTH

County of GreeneTownship of North

or

Inc. Town of Blount

or

City of Blount (No. 2017 Registered No. 24 St.; 19 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Albert Seymour 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 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. G. Floyd(9) PRESENT POSTOFFICE OF FATHER Blount(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Blount SC(13) OCCUPATION Car painter(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Grimes(15) PRESENT POSTOFFICE OF MOTHER Blount SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Pine Grove(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. A. Floyd

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

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(27) Filed 3/21 1916 (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.

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File No.—For State Registrar Only

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 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 STATE OF SOUTH CAROLINA
 COLUMBIA, S. C.
 MARCH 21 1916
 McCaw, of Columbia