

(1) PLACE OF BIRTH

County of Harry
 Township of Flay
 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
19049

Registration District No. 2508 Registered No. 518
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Floyd William Harrington 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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 8 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>W A Harrington</u>	(14) NAME BEFORE MARRIAGE <u>Cashie Engor</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Fair Bluff NC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fair Bluff NC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Marion Co SC</u>	(18) BIRTHPLACE <u>Harry Co SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Floyd
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barro Gade NC

Given name added from a supplemental report
5-8-22
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 11 1922 (28) Local Registrar C. F. Dukes

*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.