

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Orangeburg  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Orangeburg  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
23358

Registration District No. 26-2 Registered No. 103  
 (For use of Local Registrar)

(No. J. S. Luidels, Ave. St.; ..... Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Elene Floros

(3) BOY OR GIRL Girl (4) Twin or Triplet? - (5) Number in order of birth -  
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH May 26 22  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Constantine Floros  
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg S C  
 (10) COLOR OR RACE Greek (11) AGE AT LAST BIRTHDAY 42  
 (Years)

(12) BIRTHPLACE Greece  
 (13) OCCUPATION Restaurant Keeper  
 (20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Zorbala  
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg S C  
 (16) COLOR OR RACE Greek (17) AGE AT LAST BIRTHDAY 32  
 (Years)

(18) BIRTHPLACE Greece  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Elene at 1 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Moore  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Orangeburg S C

Given name added from a supplemental report  
 .....  
 ..... 19 .....

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

(27) Filed 5-27-22 19.. (28) with 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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